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THE EDITORS

INTRODUCTORY NOTES

BY ANNA FREUD

The first two articles, by Bernfeld and myself, are intended for those who have no acquaintance with psychoanalysis. They were originally delivered as lectures to a group of school teachers in Europe, most of whom had no previous knowledge of the subject; and their purpose was to present in the simplest possible form the fundamental principles of the psychoanalytic theory of the child's development, with particular reference to the possibilities of application of this theory in the field of child training. Analysts, accordingly, must not be surprised to find, in their perusal of these two lectures, that they add nothing to their knowledge of psychoanalysis.

The work described in the two papers by Pörtl and Pensimus is a practical demonstration of the symbiosis indicated in the two preceding articles—of the relationship, that is, between analytic theory and practical educational work. The two authors are teachers in a public kindergarten who sought out the help of child analysts in their work with groups of problem children. The analysts were able to help them in understanding what lay behind the children's difficulties and in seeing wherein their troubles in school were related to conflicts arising in the home. The authors themselves were not analyzed. Our intention in presenting these two articles is to show how analytic knowledge may be used to widen the scope of constructive educational work and to give a new impetus to the teacher's endeavors. Work of the kind here described has nothing to do, however, with the treatment of neurotic symptoms or with the practice of child analysis.

The paper by Homburger brings the child analyst's point of view to bear upon the difficult question of sex enlightenment, and shows that the problem cannot always be solved by the simple process of imparting sex information.

The child analyses reported by Annie Angel and Editha Sterba were carried out in accordance with the technique used

by the Vienna school of child analysis founded by Anna Freud. Berta Bornstein developed her method independently while working in the Berlin group; the reader will notice that her method closely resembles that used by the Vienna school. In this connection it may be well to mention that the Vienna school of child analysis is not the only group of its kind within the International Psychoanalytic Association. There is also the London school, founded by Melanie Klein, which differs from the Vienna school in certain important respects of both a theoretic and a technical character.

PSYCHOANALYTIC PSYCHOLOGY OF THE YOUNG CHILD

BY SIEGFRIED BERNFELD (VIENNA)

A brief review of fundamental psychoanalytic concepts regarding the development of the young child must begin with the distinguishing features of Freudian psychology as a whole. All the more so because both correct and erroneous statements which have been made about "psychoanalysis" have indiscriminately come into general use. Today it is no exaggeration to say that there is no pedagogical or psychological thinking which has not been influenced by the work of Freud, and accordingly a considerable number of the Freudian views which lend themselves to direct application have already been introduced and familiarized under other names in other schools of thought. Freudian psychoanalysis could readily be summarized in the single sentence: psychoanalysis is a scientific conception of the psychic life. But if we are to be satisfied with this axiom, a whole series of explanations are necessary.

Psychoanalysis knows no ethical value—that is, psychoanalysis takes cognizance of the phenomena under its scientific investigation without passing judgment on them. This does not mean that the individual psychoanalyst is lacking in standards or takes a cynical view of the world and of things in general; nor does he find sanction for everything in life. By no means. But in the psychoanalytic scientific method of observation—as indeed in all science and especially in all natural science—things are regarded impartially, as if they were neither good nor bad, as if they were simply natural processes, and not occurrences within a social structure to be passed upon as sanctioned or forbidden.

This detached point of view of psychoanalysis is alone of great significance for pedagogy. Freud and his school are indeed the first to observe pedagogical facts without judging them and accordingly to really see pedagogical processes in

all their inner relationships. Others in their dealings with children have been ever ready, consciously or unconsciously, to pass judgment on every little trend in the child's behavior, in the sense that "what should not be, cannot be". If the little child reveals some tendency which for good or insufficient reasons impresses the adult as naughty, abhorrent or nasty, it is at once suppressed or checked, sometimes with and sometimes without justification. Accordingly there is no opportunity anywhere in the pedagogical world to study the full development of bad or ugly impulses in a child except in very occasional, extreme cases. Such observations are, however, so upsetting and disquieting to the adults in charge and to everyone else in the environment that a calm, scientific observation is hardly possible. Only in the course of psychoanalytic therapy are we able to see the child's "evil" impulses as they actually are, despite their supposed nonexistence. Special features of the psychoanalytic method are responsible for this. Of outstanding importance is the fact that in order to cure an adult neurotic individual by psychoanalysis, we have to recapture his whole childhood in recollections, not only the part which has simply been forgotten but also the part which has been repressed, i.e., a part which was present merely as a disposition in childhood and which was nipped in the bud by early training. By this procedure we reach important conclusions regarding developmental as well as modifying (i.e., pedagogical) processes. The psychoanalyst gains a wholly new impression of childhood through his special therapy as practiced on adult patients because with them he is free to take an unprejudiced view of the phenomena of childhood. He has indeed learned that he *must* take an unprejudiced view, that within the confines of the therapeutic procedure with adults room must be made for the bad, ugly and forbidden impulses, as well as for others less objectionable. It is in the observation of such impulses that we really come to know them for the first time.

A second point of view differentiating psychoanalysis from other schools of psychology does not pertain alone to psycho-

analysis. Other schools of thought are familiar with it. But only in psychoanalysis is the genetic view of all phenomena consistently developed. Psychoanalysis has practically no concepts that are not genetic. Psychoanalysis never describes phenomena from the viewpoint of how they "are", does not describe them in the light of their momentary peculiarities. A phenomenon is not comprehensible to a psychoanalyst unless he can describe how it has come about. This is of the utmost importance for the understanding of psychoanalysis and its function among the various psychological and pedagogical conceptions. By way of example we may take the attitude toward masturbation. For every nonanalytic individual masturbation is a perfectly definite condition, a definite activity of the child. When a child puts his hand to his genital and experiences pleasure thereby he is said to masturbate. But as analysts we dare to "accuse" a child who is industriously at work on his geography lesson of performing a masturbatory act. That is, of course, no exact way of speaking; it is really quite superficially formulated. But in a certain sense we are justified in this manner of speaking if we can show that the particular way in which the child sits quietly and devotes himself to his geography lesson is derived from former actual masturbatory activities and fantasies after they have been combated, changed, suppressed and sublimated. You will find throughout psychoanalytic thought that less value is placed on the divergences sometimes present in children's (and adult's) behavior than on their common origin. This is of course not meant in the sense of merit or worth, but that in scientific observation it often—indeed almost always—seems much more important to establish the fact that two such different things as, for instance, the child's former masturbation in the narrow sense of the word and his present geographic fantasies while mastering his lesson have a definite relation to each other, namely a genetic relation. To establish the common origin of these two facts often seems more important to us psychoanalysts than a painstaking separation of the two phenomena and a stressing of their differences. This method

conforms to a general scientific procedure in establishing concepts.

The genetic point of view is of special significance for the mastery of scientific problems encountered in the education of the young child. It is not at all correct to say that the child is thus or so, for every child with whom we deal "is going to be", is in a transitional stage. We are not dealing with isolated conditions or states to be described individually, but with processes which are running their course before one's eyes, and whose development (genesis) and mutual relationships are of decided interest. If we wish to influence processes, we must know first of all how they have reached their present state. Three good children in a row on one side and three bad, unruly, rebellious children in a row on the other side do not necessarily form two groups—they may constitute six different groups; for at a given time a uniform or nearly uniform picture of the good and of the unruly child may have developed from very different beginnings. If we want to learn something about the child's future, if we are to understand the situation and form a judgment as to how the present condition will develop in the near future with the aid of our treatment, then we must know exactly how the child's present condition has been reached.

A third point differentiating psychoanalysis from other psychologies is also, as a matter of fact, common to every scientific observation, though when applied to the psychic life of children it is generally regarded as a most extraordinary, indeed reprehensible, attitude. Compressing this viewpoint into an aphorism, which it is unfortunately easy to misunderstand, one might say that psychoanalysis observes the development of children with pessimism. This has often been said of psychoanalysis, and there is some truth in the charge as well as much error. If we incline towards a "pessimistic" view it is because psychoanalytic experience has warranted such a conviction. To state it simply, it is exceedingly difficult to treat and influence men and women, and it is no easier to treat and influence small, even very small children. Our "pessimism" is not

fatalistic in the sense of considering treatment as an "impossibility" but simply regards treatment as very difficult. However, this attitude is alone sufficient to differentiate us from many teachers or, more exactly, from proponents of pedagogical ideology. For actually every teacher knows that the business of education is a thankless, difficult, uncertain job, necessary though it be. This individual feeling or insight is, however, not put to sufficient use by pedagogical science; it is not taken seriously enough.

This pessimism which is held against psychoanalysis may also be positively formulated somewhat as follows: Psychoanalysis respects the fact of the child's development. Psychoanalysts never lose sight of the fact that every neurotic development in the child, as well as the usual process by which an infant becomes an adult, is brought about by natural forces. It is true that we are constantly learning how to interfere with greater effect, but, as is usual in the struggle between man and nature, the natural forces remain the mightier!

This attitude is that of science in general toward its object. The physicist or bacteriologist likewise finds himself facing natural forces which can be recognized and occasionally even influenced, but which on the whole are mightier than he. The inference for the scientist is that the greater the knowledge about natural forces, the more there may be a slight chance of changing the relationship between them and man in favor of the latter. The feeling of psychoanalysts that they are dealing with natural forces leads directly to the ideational nucleus of psychoanalytic science. When psychoanalysis refers to sexual instincts (drives) or, more particularly in the last few years, to aggression instincts, and when the child is designated as a "creature of instinct", psychoanalysis is according unequivocal recognition to natural forces. Wherein lies the difference between this attitude and the usual way of expressing it, namely, that the child is badly behaved, has habits, is gifted? Psychoanalysts do not wish to deny that the child is gifted, that he has good or bad habits; they simply mean that saying this is saying too little. We think we have gained new under-

standing in our assertion that these are not habits or bad behavior or giftedness, but instinctual expressions. If you call the child's characteristics habits and bad behavior, then you are trifling with them in the usual pedagogical way. You imply that one only has to do something ingenious about naughtiness or a habit and it will disappear. I must admit that this is sometimes the case. It is actually possible with very different methods to make naughty children good and good children naughty. The only trouble with these various methods is that sometimes they succeed and sometimes they do not; they are entirely unreliable. And moreover, we do not know *how* they work, or *why* they fail. Let us take the expressions "well and badly behaved", "good and bad habits", and let us ask ourselves how it happens that a habit disappears in response to a few blows, as some say, or in response to friendly demeanor, according to others, or even to a diversity of interests, as a third group claims. In order to explain this, some new word or phrase has to be introduced. It may be suggestion, it may be dependency, it may be formation of ideals or something similar. But then we have no uniform understanding of the process which is taking place. If we hold to the prevailing expressions and ideas, things closely related to each other, even though widely differing in appearance, are torn asunder as if they had no common bond.

If, however, we talk about instincts (drives) instead of habits, etc., we do not merely introduce a new term, but recognize that here are forces of nature; not just insignificant misdemeanors and habits, but real, honest-to-goodness natural instincts, and moreover the most powerful of them all. In an earlier period of psychoanalysis and in the time preceding psychoanalysis, they were called hunger and love. They are really mighty forces which we human beings have as yet hardly learned to influence; rather we are under their influence and must keep on investigating them anew as if they were unknown natural processes on the moon or Sirius, despite the fact that they are in our very midst and are going on within our very selves. With the introduction of the concept of instinct we say further

that all these phenomena have something in common; for if we have recognized the most varied types of behavior in the child as belonging alike to one particular instinct we have unified them, have gained a genetic approach and have won an explanation.

Psychoanalysts have already been roundly criticized because they persist in presenting everything as sexuality. If the child picks his nose or sucks his thumb, the refrain is, "This is not naughtiness or habit, but the sexual instinct!" And a question constantly hurled at psychoanalysts is, what is the good of this everlasting attribution of everything to the sexual instinct? However, if you ask nonpsychoanalytic psychologists or teachers for their explanation of these phenomena, what do you hear? That picking the nose is naughty behavior! But how does this come about? There are thousands of children who do not pick their noses at all—why then does this particular child? Following a bad example? In some cases this may prove to be true, but generally not; for no child lacks bad examples and there are reliable data on cases showing that the bad example was present from the second year on, while the nose-picking waited to make its appearance until the third month of the fourth year! The bad example remains constant while the misdemeanors come and go. Sometimes seduction is suggested as an explanation. But every one of these assumed and alleged causes of the phenomenon proves insufficient on closer unprejudiced examination. The cause may be seduction, it may be a good or bad example, or the child may have chanced upon his bad habits; this may all be true in particular cases, but it does not explain anything according to our requisites; for we demand of an explanation that it explain once and for all how a given behavior inevitably arose.

The inevitable rejoinder is: how are we the wiser when we learn from psychoanalytic works that nose-picking comes from sexuality or that it is an expression of the sexual instinct? First of all, as already pointed out, we know that it is an instinct. It is, therefore, no slight matter to deal with this nose-picking child. We may be exceptionally fortunate, but

in general we will have to gird ourselves for a hard struggle. The thing in itself is a trifle, but as you know it taxes the nervous energy of the educator or child to the utmost—as if it were really worth the effort. The explanation for such great cost of energy lies in the extreme tenacity of all instinct gratification. This is why the struggle against both small and great misdemeanors is so arduous. If one does away with the nose-picking, then picking of the ears or some other gratification for the same instinct makes its appearance. Instincts cling tenaciously to a gratification once found. The latter may of course be slightly displaced, diverted or corrected, but the character of the instinct remains constant in all such forced substitute gratifications. There is a gain, then, if we recognize that nose-picking and similar habits are expressions of the sexual instinct. Let us stress instinct first of all: we really know something about this thing; we know that we have to do with an actual force of nature, and that means that we must take care! But we know even more, for the assertion is not simply that these habits are instinctual expressions, but more exactly that they are expressions of the sexual instinct. The sexual instinct is one of the instincts, or one of the two groups of instincts, which we assume in psychoanalysis. It is characterized not only by its tenacity in obtaining satisfaction, a quality all instincts have in common, but also by a specific form of satisfaction. According to the genetic point of view in psychoanalysis, we attribute to the sexual instinct everything that is derived from a most unlikely source, from a very simple origin, namely, from the pleasure which the very small child is able to obtain from its own body. Everything in the adult that has developed from this source, whatever its appearance may be, is uniformly called a manifestation, expression, gratification, etc., of the sexual instinct, depending on the particular phenomenon in question. According to psychoanalytic concepts which are based on the origin of phenomena, and not on their momentary status, the most varied phenomena are expressions of the sexual instinct when they prove to have arisen in the primitive and primary forms of gratification

obtained by the infant on his own body. In its first stage of development psychoanalysis was occupied in testing, in finding out which of the mental phenomena in adults owed their origin to the pleasurable experiences of very early childhood. In Freud's *Three Contributions to the Theory of Sex*, for example, we have the genealogy of the very earliest pleasurable body sensations in the newborn, in the sucking infant, and of all that develops therefrom into maturity. The book is an essentially complete survey of the subject. New material is continually proving the validity of the view that a great variety of behavior, of wishes, of forms of gratification, of hopes and fears (which for the individual himself, as well as for the superficial observer, have nothing whatsoever to do with sexuality in the narrower sense of the word, but apparently differ from it very radically), all have a common origin in the primitive capacity of the newborn to obtain pleasure from friction on the skin surface, especially on certain places or zones. Stated more analytically, the adult's sexual instinct in the narrowest sense of the word and his manifold sublimated interests and activities, as well as the manifestations of neurotic illness (in the child and adolescent, too, of course) are all to be regarded from a genetic point of view as the result of the respective paths of development taken by the sexual impulses of the very small child under the influence of his environment. The first sexual needs to make their appearance, finger-sucking or pleasurable experiences coming from the anal region or masturbation in the narrower sense of the word (i.e., on the genital zone), these primary sexual impulses of the child, which of course deviate widely from adult sexuality, are met from the very outset with resistance on the part of the environment. That which applies to the child's behavior in general is especially true for these impulses: the individuals responsible for the rearing of the child feel it necessary to condemn, to change, to combat these tendencies the moment they make their appearance. The child's life, at least as far as the sexual instinct and its manifestations are concerned, is the result of its inherent instinctual impulses, of the possibilities

for self-gratification of these impulses and of the struggle of the environment against such gratification. At least we are unable to say with any certainty if and how a child, left entirely to himself, would develop forms of expression and gratification similar to those of men. But this is a purely academic question which need not concern us at present. In all the manifestations of the actual child with whom we have to deal there are traces of an inborn instinct older than mankind, and vestiges of forms of gratification which in the course of time an educating environment has enforced.

There is one stage in this process of development which deserves special consideration. Everyone is acquainted with at least the name which Freud gave it—that is, the *œdipus* complex or *œdipus* situation. It is of the utmost importance not only for the theoretical understanding of the child's development, but for the comprehension of pedagogical processes of the possibilities for influencing the child. By the *œdipus* complex we understand something really quite simple—that is, it would be simple if educational influences did not oppose its recognition at every turn. We say, stating it from the point of view of the so-called educated man of today, that the child develops a succession of sexual desires and wishes *even* toward his father and mother. We stress the “even” and in so doing make it clear that this is really a wrong formulation—for if the child has impulses, correctly called sexual from a genetic point of view, they must as a matter of course be directed in the very first place toward the mother and father or other individuals in the immediate environment. If we have to use the word “even” to express this fact, we do so out of consideration for the deeply rooted universal conviction that “what should not be, cannot be”. Since sexual desires and gratifications between parents and their children are punishable by law as incest, and, more importantly, since they are most sharply condemned by society, these wishes have almost completely disappeared from consciousness and through a slow process of education in the age-long development of society have been withdrawn from the horizon of the great majority of civilized adults. This

reason underlies the astonished incredulity or indignant opposition with which Freud's full theoretical acknowledgment of this self-evident fact is met.

Freud was not the first to recognize the œdipus situation as a fact. Every mother is acquainted with it, every father, every nursemaid, every child; and an analysis of the history of pedagogy with this point of view in mind shows how cognizant of the fact pedagogues are and what a large part of the pedagogical machinery and of pedagogical trains of thought revolve around it. Freud helped to bring the œdipus complex to scientific recognition, never excluded it from his scientific conclusions, and respected it as a natural fact with which we always have to reckon in the present-day child. The mother is the first dispenser of pleasure coming to the child from the external world, and therefore the first source of pleasure in activity, of body pleasure, of sexual pleasure, as we say in our extraordinary manner of speaking. This sexual pleasure, which manifests itself clearly toward the end of the first month of life, is naturally quite unlike the adult's sexual pleasures and sexual needs. Adult and infantile sexual pleasure have in common only one component—that of body pleasure. But we have learned to see how sexual pleasure changes during the first three or four years, partly spontaneously, partly in response to the set demands of the environment, so that the three- or four-year-old child, though still incapable of adult sexuality or love, has nevertheless reached a state approaching it not merely in relation to body pleasure but also in the child's wishes, thoughts, fantasies, and even a little in his social critique of self and others. The object of this early florescence of human love, of this period of infantile sexuality, is ordinarily the mother. The competitor in love, present here as everywhere else, is generally the father. Between the child, his mother and his father a very complicated emotional tragedy, called the œdipus situation, takes place; and this situation is absolutely incomprehensible without the genetic point of view.

One must of course add that the word "mother" or "father" is not used here in the legal sense, nor in the sense of guardian-

ship, nor even in the biological sense. There are enough cases in which the mother's place is taken over by a relative or indeed by an outside person; even more frequent are the cases in which the rival's rôle, the rôle of the father, is taken over by some person other than the real father. Important is the one fact that normally the development of the child's sexual instinct from its primitive condition at birth to a desirable adult state in our modern civilization proceeds *via* the child's "mother"—*via* his psychological mother. This development leads to the child's wishes to possess the mother and do away with his rivals, the psychological father and the brothers and sisters.

Freud has named this necessary transitional phase of development, in which the early sexuality of the child culminates, the œdipus situation, borrowing the name from mythological constructions of the ancient Greeks. Every child in this phase harbors the wishes and conflicts depicted in classic myths and poems concerning the fate of King Œdipus. Afflicted with his inborn instinctual impulses, led against his will by adult demands, the child falls perforce into a situation where he finds himself involved in the most difficult external and internal conflicts.

Briefly summarized, this is how psychoanalysis in its first stages of development taught us to understand the development of personality. Freud's later views about the mastery of the œdipus situation open up some more optimistic prospects.

Translated by EDITH B. JACKSON

PSYCHOANALYSIS AND THE TRAINING OF THE YOUNG CHILD

BY ANNA FREUD (VIENNA)

In the preceding paper Dr. Bernfeld discussed several aspects of the psychology of the young child without stating how this knowledge should be applied. He probably relied on the fact that for decades teachers have always followed up each new trend in psychological thought in the hope of finding a way out of their difficulties.

We are all aware of the difficult position in which the teacher finds himself. To be sure, we frequently hear it stated that one of the most important community tasks is given over to the teachers, that the most valuable material at the disposal of society comes under their control, that they determine the destiny of the coming generation, etc.; but in actual practice we find little of this high value set on education or on the educator himself. Nor are teachers even so well paid as, let us say, industrialists and bankers, who handle the material resources of the nation. As members of the community they must struggle continually for the esteem of their fellow-men and for recognition from the parents and officials of their district. Although many people believe that the younger the child the more important his education, in actual practice the evaluation of the teacher increases with the age of the pupil. Compare, for example, the esteemed position of the high school teacher with the status of the kindergarten teacher. There is an inconsistency somewhere.

Usually, however, there is some justification for what is found in actual practice. The low evaluation of teachers in general arises from the fact that they are really not independent producers but middlemen, agents, buffers between two generations. They are given raw material and are expected to turn out certain specific products. The only freedom given them is in the choice of pedagogical method. Just because

they enjoy so little freedom in other ways, they seize upon this little piece of independence and create out of it the fiction of a great power.

Let us consider another aspect. I think we have the right to assume that, by and large, the raw material which teachers receive is fairly uniform. The end-product desired of them, however, varies enormously according to the period and the type of society in which they work. We need only to glance over the history of education to realize what a great variety of products have been demanded in different ages: warlike young Spartans, Athenians devoted to the fine arts, humble ascetics needed by the Church of the Middle Ages, heroic knights or nobles, loyal subjects, good and industrious citizens, fearless revolutionaries and peace-loving workers.

There is nothing remarkable in these demands. In each instance they express the contemporary needs of an adult society. What is remarkable, however, is the fact that in every period educators have thrown themselves into their task with the same zeal. Let us suppose that the workers in a factory were expected to produce from the same raw material cannon balls in times of war and feather-beds in times of peace. I do not believe that the workers would be as enthusiastic as the teachers have been under comparable conditions. This enthusiasm of the teacher in trying to meet these most varied demands of society works to his disadvantage in another way. The failures in educational work have always been attributed to the teachers. Society has assumed that the goal was attainable. Consequently it has seemed that somehow the individual teacher was at fault rather than education as a whole. I believe, indeed, that the reason why teachers of all ages have turned to the science of psychology has been to exonerate themselves from the imputed disgrace of this failure. Psychology, they thought, would teach them the nature of the raw material given over to them. The truth is that not until psychology really does succeed in understanding children, the raw material of education, will teachers stand in a more favorable relation to their employers, i.e., society. Only then will they be able

to point out the discrepancy between the goal set up by society and the capacity of the child to reach this goal. Only then will they weigh the psychological potentialities of the individual child with the demands made on him by society as factors deserving equal consideration. Only when it becomes clear which educational goals are compatible with mental health and which are attainable only at the expense of this health, will greater justice be done the child.

At this point, let us go back to Dr. Bernfeld's remarks. Education has obviously two cardinal functions. We can summarize one of them under the caption "allowing and forbidding", by which we mean the teacher's behavior toward the spontaneous expressions of the child. The other function concerns the building up of the child's personality. Psychology will have achieved what education has a right to expect of it if, on the one hand, it describes the primitive nature of the child, and, on the other hand, opens up new avenues for possible development and offers new techniques for the further expansion of the child's personality.

Dr. Bernfeld concerned himself in detail with the first of these functions. He pictured the child's mental life as made up of instinctual wishes derived from the sexual instinct. These instinctual wishes have phases changing from one form into another; how great a part education plays in this development we do not know. Dr. Bernfeld left it an open question as to what the teacher's attitude should be toward the various instinctual wishes; he merely indicated in a general way that the teacher should respect them. This attitude of respect, however, is nothing new. Among educators there have long been two different points of view regarding the child's mental life. One of them claims that whatever the child has as native endowment is good. We must respect it and leave it alone, a point of view which Rousseau formulated and which in modern education is sponsored especially by Dr. Montessori. According to this attitude the child is always right in what he wants; adults only cause trouble when they interfere.

Far more widely accepted is the other point of view, that

the child is always in the wrong. The extreme of this is illustrated by a well-known anecdote. A mother says to her nurse-girl: "Go and see what the children are doing and tell them to stop". Actually there is justification for both of these attitudes toward the instinctual impulses of the child. We really should think of instinctual impulses as forces of nature, which the child not only has a right to express but cannot help expressing. Does this mean that we should always sanction these impulses and allow them free rein? It may indeed be argued that just because these impulses are forces of nature and not simply harmless habits or misdemeanors which are relatively easy for the teacher to overcome, we must put forth all our energy to gain mastery over them.

For practical purposes, knowledge of the child's mental constitution, unaccompanied by suggestions for its application to education, brings us no further than we were before. Instead of letting our feelings determine our attitude toward the child's instincts, let us turn again to the knowledge gained from psychoanalytic practice. In the treatment of adults we learn to recognize various types of illness. From each type we can draw conclusions about definite relationships which existed between the child and the individuals responsible for his training. We meet with neurotic inhibitions, for instance, which have developed because one of the instinctual impulses has been forcibly repressed at a very early period and consequently denied satisfaction. But the impulse is too powerful and tenacious to be quelled in this manner. It continues to make itself felt. An inner conflict arises and eventually the repressed impulse forces its way to the surface, usually in a curiously distorted and disturbing form. For the pathway to direct satisfaction of the instinct in its primitive form remains blocked even after the child has grown up and the external conditions have been changed. On the other hand, we meet with pathological conditions, such as perversions and certain forms of unsocial behavior, which are characterized by an adherence or a regression to an infantile type of instinctual gratification, to the exclusion of all other forms of gratification.

In the history of such an illness we usually find a specific episode, for instance, seduction, or other traumatic experiences which have allowed the particular instinctual impulse to break through and achieve complete gratification. The child's libidinal development remains fixed at this point and does not progress to the desired adult level of instinctual life. However, these two entirely different types of illness have something in common. In both the child has been caught and held at an infantile level of development, with the result that what should have been only a way-station has become a final destination. So we see that such a fixation with its subsequent neurotic illness may occur either when the impulse is allowed full expression, or, conversely, when it is entirely denied expression. The path to mental health lies somewhere between these two extremes. The problem is evidently to find a middle course. The instinctual urge must not be driven into repression, thus preventing its sublimation, i.e., its diversion into other and acceptable channels, nor must it be allowed full satisfaction. It is as if we had to teach the child not to put his hand into the fire because it burns, but dare not express it so directly, lest he become afraid of all fire and be unable in later life to light a match, smoke a cigarette or cook a meal. Our task is to teach the child to keep away from the fire without arousing in him a horror of it.

We can learn something from this simple analogy. Considering the danger of complete instinctual gratification for the child, we may be sure that educators have always found frightening the child to be the easiest way out of the situation. Educators recognized the dangers of instinctual gratification long before they had any formal knowledge of the child's instincts. By declaring an absolute prohibition they have made it easy for themselves. They have set up boundaries which the child has not dared to overstep and have utilized every means in their power to reinforce these prohibitions. They have taken advantage of the child's helplessness and weakness in relation to the adult, of his dependence and inability to maintain himself in the external world, in short,

they have taken advantage of his fear. In order to avoid a continual struggle with the child and to make it unnecessary to cry out each time he approached the fire of instinctual gratification, "Not this time", they have said, "Once and for all, that burns!" This has apparently been the simplest solution.

How can the intelligent educator of today find the proper solution? Is a continual struggle the only alternative to absolute prohibition? Must the adult be on hand every time the child approaches an instinctual danger? What means should he use to avoid creating a lasting fear in the child and yet protect him in each individual instance? In the face of this dilemma how can the modern educator carry out the liberal methods which are expected of him? How should he even go about it? It is difficult, for denials and prohibitions would seem to be the basis of the young child's training. If this be so, it makes little difference how strict the individual educator may be, for the child will experience the very denial of gratification as severity.

Here again there are two ways of looking at the problem. We may say, on the one hand, that whatever we do, the child is going to feel that he is denied and forbidden all satisfactions, so why should we try to avoid being stern? On the other hand we may say that no matter how much a child may be spared, he still has to be subjected to a great deal, so why not at least reduce our interference to the minimum? But the fact is that we do struggle with the child over his instinctual gratifications. We want him to have control over his sexual drives, for if they are constantly breaking through, there is danger that his development will be retarded or interrupted, that he will rest content with gratification instead of sublimating, with masturbation instead of learning, that he will confine his desire for knowledge to sexual matters instead of extending it to the whole wide world. This we want to prevent.

The situation would really be hopeless for education and for our relations to the little child if he were interested in nothing but the search for pleasure or instinctual gratification from his own body. Only a powerful restraint from the outer

world could be effective against such an active force within the child. However, the course of development itself helps to remedy the situation. The period in which the child tries to satisfy his instinctual wishes exclusively on his own person is a relatively short one, whether these wishes be oral, anal or sadistic. The instinctual impulses are very soon directed toward the outer world. The child seeks out the people in his immediate environment who are most important to him and insistently demands of them the gratification of his wishes. This is what we call the *œdipus* situation. We say that the child now has a love object. The peak of this early development is reached when the greater part of his search after pleasure is no longer directed toward his own person but toward an object in the outer world and, above all, when it is concentrated on a single object, the mother or the father.

It would be a great mistake to suppose that this has simplified the child's situation. By turning his impulses toward an outside object he has only complicated matters. In the very earliest period, which we call the *autoerotic* period, the child is independent in his instinctual life. Unpleasant interference from the outer world is the only experience which disturbs his happiness. The child is independent, self-contained and able to satisfy the demands he makes on himself. But as soon as an external love object is introduced the child becomes dependent on the good-will of this object. The satisfaction of every wish now depends on the consent or coöperation of the loved being. For instance, the child who has been accustomed to a certain amount of satisfaction from the bodily care given him by the mother must experience a sudden disappointment when she turns him over to the care of someone else who cannot take her place as a love object, thereby depriving him of the possibility of gratification. That is, the child is constantly being threatened, not only with interference from the outer world, but also with rejection at the hands of the love object.

Although for the child the situation has thus been complicated, it has been vastly improved for his training and education. Suppose the individual who is training the child and

the child's love object are one and the same person. In this case there is little danger that the instincts will break through to forbidden satisfaction. The love object needs only to refuse coöperation to make gratification impossible. The training of the child is therefore easier during the period of object-love than during the autoerotic phase.

We have already pointed out that the child's fear is an aid in his training and education. The very first fear tending to make him obedient is that of being left alone and helpless amidst the dangers of the outer world. Another fear arises with his attachment to a love object, viz., the fear of losing this person's love if he fails to obey. So we see that as the child grows older increasing possibilities for power over him accrue to the adult in charge of his training. The latter can threaten him physically, he can leave him alone, he can threaten to withdraw his love; he can do all of these things as punishment for the child's disobedience or refusal to give up his instinctual pleasures.

The situation for the individual in charge of the child's training becomes progressively easier. Let us recall how hard it is in adult life to give up a love object on whom we have lavished all our affection, on whom we have hoped not only to gratify every single wish but whom we have desired also to possess completely and, if possible, without rivals. It is a great shock when he withdraws and deserts us. We find ourselves actually unable to free ourselves of the unfaithful object, and although to all outward appearances he has left us, deep within us we find him in all sorts of memory traces; yes, even more than that, we find a certain incorporation of him, as if we would say, "Even if you have already deserted me in the world of reality, I have kept a likeness of you in my own being".

If this is true of a more or less independent and mature adult, whose personality is already formed, we can imagine what the small child must undergo under similar circumstances. The child of whom we are speaking is in that stage of development in which all his physical wishes, everything

that we call sexual, all his aggressions, and also all his love and tenderness are concentrated on one person, on the love object of the œdipus situation. Every child then suffers the same experience: this love object (the mother) will not or cannot belong to him. She offers him occasional satisfaction, tenderness and care, but never exclusive possession. The child must consent to share her with his brothers and sisters, must recognize that she belongs in the first place to the father. He must learn to renounce the idea of total possession and all that that means to him. As a result he goes through an extensive self-modification of the kind sketchily described above in relation to the adult who loses his love object. That is to say, it costs too great a price for the child to give up the grown-up love object inwardly as well as outwardly; he must at least partially absorb the object, he must modify himself to resemble his mother or father. Strangely enough the child takes over from the object the very things which were most unpleasant and disturbing to him, the commands and the prohibitions. Thus it comes about that toward the end of the œdipus situation, the child, although remaining in part unchanged, has taken unto himself the object, the parent or person in charge of his training. This incorporated portion with which, as we express it, the child has identified himself, treats the other part of the child's inner personality in the same way as the parental object actually treated the child. This identification is of such overwhelming importance to the child that even in psychoanalysis we have given it a name! We call it the "superego". It dominates the child's ego just as the parents dominated the child.

The formation of the superego facilitates matters for those who are training and educating the child. Whereas up to this point they have carried on the struggle with a being absolutely opposed to them, they now have an ally in the enemy's camp. The educator of the older child can rely on this superego to support him, he knows that he and the superego will join forces against the child. Thus the child finds himself confronted by two authorities, the transformed part of his own

inner personality, i.e., his new superego, and the ever-present love object of the outer world. He becomes unexpectedly docile and obedient. It is the docility thus achieved, the strict obedience which the parents or educator so often encourage for the sake of making their work easier, that can drive the child into extreme repression, into neurosis.

Of all the modifying processes which determine the child's personality, the formation of the superego, as above described, is the most decisive one. It starts with love for an object and proceeds to identification with this object. The relationships growing out of this, and the further education which is carried on with the assistance of the child's newly established superego, are of the greatest interest to us, but they exceed the limits of this discussion. The child with a budding or more or less completely developed superego is no longer a small, pre-school child; he has entered the second period of childhood, and has passed from the jurisdiction of the parents or pre-school educators into the hands of other teachers who undoubtedly have the easier task. And here I bring to those who have the harder, more complicated task, to all who undertake the guidance of small children, the same consolation which has always been held out to them—the consolation that they, too, have really significant work to accomplish for the future.

Translated by JULIA DEMMING

PROFOUND DISTURBANCES IN THE NUTRITIONAL AND EXCRETORY HABITS OF A FOUR AND ONE HALF YEAR OLD BOY: THEIR ANALYTIC TREATMENT IN A SCHOOL SETTING

BY ANNI PÖRTL (VIENNA)

Rudi S. entered the kindergarten at the age of four years and nine months. He was a pale, delicate child with a shy, troubled expression, and downcast eyes. His trunk was bent almost at right angles to his legs, and when he walked or ran he moved his legs only from the knees down, pressing his knees and thighs tightly together. He behaved in a completely passive manner.

His apparent apathy proved to be the expression of powerful inhibitions, which prevented him from playing or working and which made him appear extremely timid. He had given up contact with the outside world and had withdrawn into himself to such an extent that he was incapable of independent action. He did not respond to requests or commands. He expressed no wishes, and he practically never spoke. The only indication of an active attitude toward his surroundings appeared in the great muscular resistance which was evident in his walking and running and in his every movement. It was difficult to induce him to eat. He soiled and wet himself daily. Later it became clear that these difficulties also came from inhibitions.

On the first day, while he was still with his mother, his conduct was characteristic. In spite of repeated efforts to induce him to leave her lap, he refused to do so and looked away when he felt that he was being observed. If a ball was

Ztschr. f. päd. Pädagogik VII, 1933. The symptoms of this case are obviously rudimentary manifestations of a disorder which would correspond to a catatonic condition in an adult. THE EDITORS.

tossed to him his face would light up for a moment and he would throw it back. When shown a picture book, he tried at first to take no notice of it, but later his interest got the better of him. When pictures were laid out before him and he was asked to pick out certain ones, he grasped the ideas in most of the pictures and recognized the colors. When we gave him a game with wooden cylinders of various sizes which were to be placed in corresponding holes, he showed at first great muscular rigidity but later performed the operation efficiently and without help. Afterwards, apparently as a new resistance, he repeated the game making gross errors. He could count only up to three. After looking at a page of models for some time, he built a house of sticks with considerable dexterity. During all this time he sat on his mother's lap and did not say a word although later in the hall he was heard talking to his mother with ease and fluency.

Rudi's behavior during this hour of observation indicated his extraordinary dependence on his mother. In spite of his four-and-a-half years, she always had to be on the look-out to keep him clean and dry.

Rudi's mother, Frau B., had been married and had a twelve year old daughter. Her husband had deserted her. Rudi was the illegitimate child of a later relationship, and this man had likewise deserted her. She received no help from either of the men, both of whom were destitute. She herself had no work, but received from the city 26 schillings¹ a month, a sum insufficient for her needs. Mother and children lived in a very small room and Rudi slept in the same bed with his mother. Pieces of old clothing served as a mattress.

Frau B. had repeatedly considered putting the children in an institution; but the daughter had always succeeded in dissuading her. Only the direst need, not lack of love, would have forced this mother to give up the children. Rudi's sister was a very understanding, reasonable, vigorous child. She was affectionate with her little brother. The contrast between the two children disturbed the mother, and made

¹ About \$3.15.

her fear that Rudi was mentally defective, an anxiety which was augmented by the difficulties in training him to cleanly excretory habits.

Frau B. was a half starved, grief stricken woman, who dissolved into tears at the slightest provocation. In her justifiable embitterment, she was the picture of despair. She often threatened to commit suicide; but was restrained by her love and sympathy for her children. Rudi's libidinal tie to his mother, as already indicated, was strong and deep; he talked to her in a shy low voice, but clearly and correctly. He often caressed her in playful tenderness.

Rudi had been in the kindergarten since October of the preceding year; but in spite of great efforts, very little had been accomplished with him. During his first year in the school, he had become friendly with a little boy of the same name and age, who had gradually come to dominate him. This child, who was also shy and reserved toward his surroundings, won Rudi with seductive kindness. Rudi became completely dependent on him, and the more the other one enjoyed the rôle of leadership the less was Rudi able to free himself from this domination. He let himself be led, giving no evidence whatever of aggressiveness.

In the summer Rudi went to a recreation home in the country and on his return showed much improvement both in his psychic and in his physical condition.

After this summer vacation, Rudi entered a special group. In the fall Rudi joined the children at their play in the garden. He spoke his first words to me and made his first efforts at a contact with me. This excited him greatly. Here he also met his old friend, Rudi R., and the former relationship was quickly reëstablished. He did not wet or soil himself in this period; and since this had been the most unpleasant feature about him, he was no longer so conspicuous in the group.

Because of rainy weather, the children were forced indoors, which brought about a separation of the two Rudi's, the effect of which was unexpected. Whereas his friend screamed and cried and clung to Rudi whenever they met and lost all interest

in coming to the kindergarten, Rudi felt himself superior. He shook off his former friend, went about with the air of one emancipated, and began to make contacts easily with other children.

Two weeks later Rudi became ill with tonsillitis, and returned to school looking very badly. All of his old difficulties had returned and during the next few weeks the problems seemed almost insuperable. When he was brought to the kindergarten in the morning, he had to be shoved toward the cloakroom door where he assumed the stiffened posture formerly described. He remained standing by the door until he was put on a bench and had his overshoes taken off. His overcoat also had to be removed from him. During these services, strong muscular resistance could be observed. When brought into the group, he remained sitting or standing in the position in which he was first placed. He ignored all play-things or material placed before him. His smile was stereotyped. He refused all food although his mother told us that during his illness he had had to go hungry because in her poverty she had nothing to offer him. He could not be tempted even with desserts or apples. When an apple was placed in his hand, he would not grasp it but let it fall to the floor. When offered anything he said neither "yes" nor "no" and continued to smile impassively. Although taken to the toilet regularly with the other children, he wet or soiled himself shortly afterward, especially if he had been forced to eat or drink anything. He had to be compelled to eat because he was growing steadily weaker. His face was drawn and pale, and grave fears were felt for his health. All the usual little devices were tried: e.g., telling stories while he ate: "Here comes a wagon, an auto, an aeroplane, etc., and they all want to go through the door" or "A spoonful for Mother, for Sister" and so on. This method worked only a little while. In spite of the danger of frightening him, he was told that a child who does not eat will become so ill that he will have to go to the hospital. It should be added that he was never told about the hospital in a frightening manner. Nevertheless to point out

the consequences of his behavior, he was threatened indirectly with separation from his mother and his accustomed surroundings. It was learned later that this indirect threat, which recalled a bitter memory of the hospital, acted as a shock; a shock, however, which helped our purpose. He began to eat but he continued to wet and soil himself every day.

The first assumption had been that his wetting and soiling himself indicated a protest against the kindergarten since he had already learned that children who did such things were taken home by their mothers. Later it developed that he was loath to eat and drink for fear that he would have to urinate or defæcate. On one occasion when he soiled himself he was told: "You must like to do this or you wouldn't keep it up", whereupon he cried bitterly, something which had not been seen before. It seemed unlikely therefore that feelings of pleasure helped produce his symptoms; but rather that he found himself in a severe conflict, for from this day on he did not soil himself, but to keep himself from doing so was steadfast in his refusal to eat. Even when sent alone to the toilet, thinking he might be ashamed before the teacher or the children, it was still impossible to persuade him to use it.

He seemed to be so hopelessly caught in this conflict that he was unable to play or to do anything. With an embarrassed smile, he watched the other children or sank back into himself. When his mother came in the afternoon to fetch him, he had to be pushed along in the same way as when he was brought to school in the morning. If his mother pretended she was going without him, he would become violently frightened and dash after her with an agonized cry.

It was some time before we could persuade Frau B. not to whip the child when he soiled himself. On the days following such a punishment, he would take leave of his mother especially tenderly, clinging to her and caressing her without saying a word, or again snapping at her playfully, like a little animal.

Every effort was made to win him over with play material and play things, hoping that through these interests some

insight could be gained into his inner life. A little box with blocks was the first thing to attract his attention. This was placed before him on the table, and when he ignored it the teacher began to play with it herself. She made a house of the box using the cover for a door. The various blocks represented people, such as the mother, the sister, and others who went in and out of the house. In a little while, he began to play in the same manner except that he called the blocks animals instead of people. Every day we placed the blocks before him and he played this game by himself, with slight variations. Sometimes he shut all the animals in the house and watched them or he shut up one animal, and held the cover down tight with one hand. Another animal, which he held in the other hand, tried furiously to get in. Once when his hand relaxed its hold and the cover unexpectedly broke away, he became terribly frightened. When asked if the house were a toilet, he nodded a vigorous assent. A child at the same table began to take an interest in Rudi and his game and brought him various playthings. Rudi took only the animals and a pyramid of wooden rings which he placed in a row. Then he led the animals, especially a cow with a long udder, to the rings and held them over the holes. In this game he admitted again that he was playing toilet.

As he now felt that the teacher understood him, he began to come a little closer to her, but he still could not make a direct relationship. He approached her not as a child but as a horse or a dog. It was clear later why he thought of himself as an animal and not as a boy. He came on all fours, rubbed his head against her knees and wanted to be stroked, he snapped at her with his mouth and pawed at her. This behavior seemed to have some relationship to his play. The teacher started playing with the blocks again and pretended that one of them was Rudi. At first he was very fearful. The block that represented Rudi had to go into the house to the toilet; then he could come out again. Rudi looked on with great interest, and when he was asked directly: "Would you like to go out now?", he went willingly. In the toilet however he

stiffened up and would do nothing to help himself. It was decided to come to his rescue. The woman attendant, who helps with the care of the children, carried out instructions and from that day on Rudi was kept dry. In so doing it was discovered that he was totally unable to touch his penis. If anyone tried to make him do so, he resisted violently and became greatly excited.

In the next conference with Frau B., events came to light which gave the key to Rudi's behavior. After she denied quite positively that the child had had any terrifying experience connected with the toilet, she told, with apparent difficulty, that Rudi had had a foreskin operation when he was nearly two years old. The doctor had instructed her to bathe him daily and at this time to push back the foreskin. This proved to be repulsive to her and she followed the doctor's instruction only because a neighbor insisted upon its importance and had made her fearful of another operation. She had transferred her own disgust to the child. She had indicated to the child even before the operation that his penis was "nasty". She had occasionally punished him for touching his penis by slapping his hands and shaming him. Prior to the operation his toilet training had been completed; his difficulties did not appear until after it. After they began he was examined and pronounced healthy by a doctor who said that the trouble could be attributed only to the child's own carelessness. The feelings of repulsion which the mother had for her two year old child sound almost incredible. Her disgust for the child's penis explains her attitude toward his masturbation.

Having learned these things from the mother, and having created a relationship to the child, we were in a position to begin constructive work with him. It was now possible to talk to him about the causes of his behavior and to interpret his actions to him. The teacher talked with him about the operation, about his mother's disgust, and about her prohibition of his handling his penis before the operation. He was told that his mother was wrong in this, that there was no reason for anyone to be disgusted by his penis. The mother was

also convinced of the cause of Rudi's difficulties, and she promised to do all that was advised. It required much patience and time to bring Rudi to take hold of his penis. An unintentional error on the part of the attendant helped us. She told him he would have to go to the hospital where a doctor would teach him how to urinate. In great terror of such an experience, Rudi touched his penis. The situation was saved by explaining that the attendant had made a mistake, that there was no doctor who taught children how to urinate, that children learn such things by themselves. Furthermore the woman was required to correct her statement. Rudi accepted the explanation, apparently relieved.

Rudi became very much excited whenever I explained his behavior to him. It was done usually as he was helped to urinate. He accepted every interpretation with great excitement. He behaved wildly. He petted and hit the teacher at the same time, laughing and squealing. The reaction showed itself further in his play in which he was so intense and eager that he would sweat. His anxiety was evident, for instance, in playing cat and mouse: under no circumstances would he be the mouse. He would play only active and very aggressive rôles (chimney-sweeper, Krampus, wolf, etc.). He romped only with the larger boys, as if he were trying to measure the strength which was so necessary to him in the struggle against the fears which the outside world presented to him. At another time he reacted to any interpretation with high spirits. He teased the assistant, stuck blocks into her belt in the back or pecked at her with two blocks which he had put together to form a beak. In other words, he showed he was happy to have a proper penis. He built high towers with a determined air and took great joy in them. Although he could not yet hold a pencil properly, he tried to draw. He stuck the pencil awkwardly between his middle and ring fingers and made lines in all directions. He stopped breathlessly for a moment, then began again exactly where he had left off and mixed up the lines endlessly. He indicated by his difficulty in holding the pencil that he could not yet grasp his penis. He began for

the first time to make things of plastilene, primitive animals with the penis clearly indicated; then he made the animals into men, which he placed opposite each other. When we let the children paint with their fingers, he did as he was told but carefully put only his finger tip in the paint and then drew rather than smeared. He cut paper awkwardly and strung beads with uncertainty. He pursued every kind of work with great intensity until he reached a state of exaltation. All of his inhibitions seemed to disappear. Now and then he was startled by himself, especially when he spoke out loud or screamed. He developed more and more courage to fight against the anxieties which had so long controlled him. He acted as if he were intoxicated: he ran around the room, he squealed, he bit, he spat, he seized the children's caps and threw them around, he repeatedly tipped over his cocoa and the other children's; he grabbed a chair by the back and pranced around with it, he took his shoes off and put them on the table, he pretended to shoot the teacher but he did not want her to go away. It looked as if he were trying out everything forbidden in order to see if anything would happen to him. If nothing happened, then he could touch his penis. At first he did this very awkwardly and with anxiety. Rudi's mother had unconsciously helped the situation. She came to see us and told us that Rudi would urinate alone when she gave him a little candle as a reward. He then played with the candle for hours, completely absorbed. Understanding the candle as a penis symbol, we could only rejoice in the successful artifice of this simple woman. At the same time she had unconsciously ceased to forbid the child's masturbation; he could play with the candle (penis), he could take pleasure in the fact that he had a penis.

About three months later, the little candles helped us with Rudi's eating difficulties. He refused to eat until he was told there were some candles left over from the Christmas tree to give away. He began at once to eat. He received two candles; he was very happy and played with them intensively all afternoon. He placed them in a train, he treated them like living

creatures and took great care of them. A little three and a half year old girl came and sat near him just before time to go home; petting and kissing him, she begged for the candles. His behavior was very amiable; he shyly allowed himself to be patted, and let the little girl have the candles but only as a loan. He was extremely anxious that nothing should happen to them. The teacher put an end to his anxiety and gave the candles back to him.

Unfortunately our work was interrupted in January because the kindergarten was closed for a longer period than usual; and following the holiday Rudi had several illnesses. After each illness, some backsliding could be detected, but, in spite of this, the intensity of his inhibitions and their duration was considerably reduced. His attachment to the teacher became stronger and stronger, and it was finally decided that he should be gradually weaned from her. However, he responded to the least withdrawal of attention by slipping back into his old rigidity.

Then came a time when he was sensitive and gave vent to his feelings. He had temper tantrums, during which he growled out, "You dirty dog." In great anger he set upon anyone who disturbed him. During this time, he could not concentrate on his work; he was completely concerned with defending himself, until finally he would wear himself out and would lose courage again. This waxing and waning of his emotions came as a reaction to our interpretations. The activity which followed immediately after these interpretations became more and more intense until it broke out in violence against the restraint of his surroundings. Then, overwhelmed by his own violence, he lost his courage and sank back into inactivity. As his adaptation in the group increased the intensity of these outbreaks diminished, and gradually his behavior became equable. When the cause of his excitement was explained to him he quieted down; and his interests became more diffuse. *Up to this time, it was evident that in every game and in every activity his penis was his chief concern.* Now he began to show some social inclinations. He no longer

played all alone and was interested in what the other children were doing. His eating difficulties disappeared with the problem of his cleanliness. Though still a frail child, he now looked healthy and his posture was normal; he came into the school buoyantly. He came upstairs alone, went into the cloakroom alone and entered the school room independently. He would greet us amiably with a slap on the back or by patting and stroking the back. He mixed with the other children and chatted with them in a lively manner. He still spoke very little with the teacher or the other adults. Now and then, he expressed a wish, such as "I want some, too" or "Give me some." However, he forced this out with shame and embarrassment.

For the most part he still played he was an animal, but now he showed that he wished to become a human being. For this he needed help. At an earlier period, he had tried to suck the door knobs and protuberances on the chairs. Perhaps he wanted at that time to become a baby again so that he might grow up anew without having to suffer any injury (that is, to his penis). Now he is a baby, but he knows that he will grow up in our care. Proof of this conception of himself as a baby came one day during the rest hour. While he was gently stroked over the eyes to make him go to sleep, he seized the teacher's hand and laid it on his cheek. Then he began a peculiar play with her fingers. He grasped them with his lips; then he licked her thumb with his tongue and began to suck it. When she withdrew her hand, he kept on trying to suck in some fashion and finally sucked violently in the palm of her hand. When she did not allow this, he contented himself with placing one of her fingers at the corner of his mouth, and fell asleep with a satisfied expression. He tried several other times to suck her finger. For instance once when he tickled her back to tease her and she put her arms back to catch him, he became suddenly still and began to suck her finger. When he was asked if he would like to be a baby, he nodded happily; if he would like to grow up, he again nodded affirmatively. His wish to be a baby did not disturb his

activity; nevertheless we concentrated on the idea of his growing up. He asked for errands to do and liked to help in serving lunch or in other housekeeping tasks. In these duties he was much concerned not to get himself dirty in any way. He accepted presents with great joy and could now look us straight in the eyes. When he came up to us one day, acting as a horse, on hands and knees, pulling a chair after him, he was asked if he would not like to be a coachman since he had been a horse for such a long time. He nodded assent, hitched up a horse to more chairs, seated himself in the coachman's box and drove the horse. He took some other children along as passengers.

His whole being now shows that he has freed himself from a great burden. His recovery, however, is not yet complete. He still shows great timidity toward the world in general and he is extremely shy in a new place or with unfamiliar people. He still speaks to us very little and with some difficulty. But he shows now and then that we are not indispensable; sometimes he is scornful of what is said and calls out "Be still." Sometimes for hours he does not concern himself about our presence; then he comes back to us with great affection. It is hoped now that his emancipation from us will take a normal course; that the teacher will cease to be his mother and become his companion.

These observations cover a period of eight months, from September to May.

Translated by HELEN ROSS

A REJECTED CHILD

BY K. PENSIMUS (VIENNA)

Robert came into my kindergarten group at the beginning of September. He gave the impression of a shy, anxious child, of poor physical development for his four and a half years. The first two weeks passed without any noteworthy events. We were still spending most of our time in the garden. Every morning Robert would slink to his place, shuffling along in the gravel, with his head hanging, completely passive in his attitude, and taking no notice of me whatsoever. He had a staring, far-away look in his eyes and paid no attention to the other children. When one of them invited him to play or asked him a question, Robert pushed him roughly away. A little friend who had entered the kindergarten at the same time deserted him after the second day. If Robert came out of his passive state at all, it was only to disturb the other children. This he did with his feet. His hands hung lifeless at his side, his head was bent over, his lips were protruded as he kicked over the children's sand works or knocked over a chair that was being used as a locomotive. At such times he would say nothing, nor would he give any answer to an invitation to join in the play, but I had the feeling that this aggressive behavior could be interpreted as an effort to approach the children.

During the third week he started to come out of his state of abstraction and began screaming. While the children were enjoying themselves, he would let out a scream so shrill and disagreeable that everyone instantly stopped still. If I looked at him in astonishment, he would drop his head and soon again stare absently into space. As a result of this unsocial behavior the other children avoided him. It was only because I maintained a consistently friendly attitude towards him that the older children in my group felt they must do likewise.

One day, when Robert returned to school after a brief illness, we offered him special food. He refused it, although I knew

that he had eaten the same kinds of food before. Finally, after considerable coaxing on my part, he ate most of it. However, his eating difficulties began on this day and assumed fearful proportions. If we forced him gently to come to the table, he would throw down his chair repeatedly, shove the table away, and then usually squat down on the floor. The table was now usually partly cleared, but under no circumstances would he touch the food. Up to this time this behavior was accompanied by no sound from him. The more I increased my efforts to get him to eat (only his increasing malnutrition and weak constitution made my worry seem justified), the more Robert behaved like an especially refractory child. He would scream like any child in a temper tantrum, and throw himself violently on the floor, banging his head against the wall and contracting his body and limbs in such a way as strongly to suggest a convulsion. In one way his behavior differed from that of a child in a temper tantrum: his face maintained a staring expression, strongly marked by anxiety.

About this time, I had my first conversation with Robert's grandmother. I had not yet become acquainted with his mother. When I asked the grandmother what his eating habits at home were, I received the answer: "He is hungry all day long; he eats us out of house and home. He's a lot of trouble. We can't do anything with him, he's so stubborn. There's certainly something wrong with him. A year ago, he had tuberculosis¹ and was in a hospital for three months. Before that he had epileptic fits repeatedly. They were awful; lasted half an hour. But now he is himself again, and if he is bad, just stick him in the cellar. That is sure to help." When I indicated some doubt as to the expediency of such methods, she expressed her opinion with, "I guess I know better", and departed.

I shall now describe the household in which Robert was forced to live and was expected to grow up as a social being. My information came partly from Robert's mother, partly from

¹ This and the following statements were later found to be incorrect.

neighbors and partly from a visit to the home. The most difficult aspect of the situation, I learned later from Robert himself. In a small, patently neglected apartment consisting of one room and a kitchen, the following people besides Robert lived: his grandmother and grandfather, four children of the grandmother's first marriage (two sons, age 24 and 22, and two daughters, 26 and 19) and Willi, the child of the grandmother and her present husband. Willi was only one month older than Robert. His father, Robert's step-grandfather, was a notorious drinker. Willi was powerfully developed physically, but he gave the impression of being feeble-minded. This impression was reinforced on further acquaintance. Willi did not come to the kindergarten. His mother positively refused to let him leave her, saying that he was her last child, and that he would not have his mother much longer because she had not long to live. The two sons and the 19 year old daughter were without work but tried to eke out a living by singing and begging on the street. Robert's mother, the 26 year old daughter, was a frail, pallid, appealing woman, who found it very hard to be communicative. It took me more than six months before I could find out anything from her, and then only after assuring her that Robert had made a good adjustment in the kindergarten, and was an intelligent child. She was a saleswoman but had only occasional employment for short periods. Robert was an illegitimate child. His father, who had married another woman two years previously, had a coal and ice business. He was supposed to pay 30 shillings¹ a month maintenance for the child, but he had reduced this sum to 20 shillings during the past year.

At Robert's birth the family expected that Robert's mother, because of her weak constitution, would bear a stillborn child; indeed they had no other wish. Robert came into the world very much underweight, and began at once to gain although the entire family, including the mother, hoped for his death. At two weeks he was weaned and brought up on gruel which

¹ [Austrian schillings should be reckoned at approximately fourteen cents. TRANS.]

unfortunately is still the usual nourishment of the proletarian child. At ten months he was toilet trained. Before the end of his first year, he had had three convulsions. The mother had been afraid of convulsions even before they occurred, an anxiety which I emphasize because it was the first expression of an emotional relationship between mother and child. She took Robert to a hospital because his wrists were enlarged. He was found to be rachitic. Sometime after he had been dismissed from the hospital, the father insisted on his rights to have the child. The mother offered great resistance to giving him up, and this resulted in dreadful scenes between her and the grandmother, in one of which they came to blows with each other. Robert was then fifteen months old.

As the two children, Robert and Willi, grew up, their relationship to each other became increasingly difficult. Willi was more advanced than Robert physically, but Robert was much better developed mentally. The whole family (except the mother) was, however, on Willi's side, and suppressed this superiority of Robert's. No secret was made of their attitude and every occasion was used to emphasize it. Robert was regarded only as a superfluous eater and was treated as an intruder, while Willi remained the "youngest and last" and as such was spoiled and petted and given all preferences customary in such a milieu. As result of this and of other factors in the home situation, such as sleeping arrangements, there were constant quarrels between Willi and Robert, which were always decided in Willi's favor. Because of these disagreements, Robert's mother felt that she must be very strict with her child; he must always yield, be quiet, and obedient. In her anxiety to avoid such scenes, she made all kinds of threats which, however, never reached the tragic proportions of the menaces uttered by the grandmother. I once saw the children standing facing each other in attitudes of extreme hostility. (Willi was supposed to lend his coat to Robert so that Robert could go out with me. The plan, however, fell through because of Willi's resistance.) Willi was ready to spring, Robert stood by, legs wide apart, his head bent over, his hands

hanging lifelessly, as I have described before, awaiting the attack of his little uncle.

The sleeping arrangements of the family were contrary to all common sense. Robert slept with his grandmother, the very person who frequently (and even in my hearing) uttered the threat, "I'll kill you." In the other bed in the same room, Willi slept with his father. There was a scene every night because Willi wanted to sleep with his mother, but since Willi's father (Robert's step-grandfather) absolutely refused to take Robert into his bed, the usual custom prevailed. The mother had to sleep with the 19 year old sister in the kitchen on a cot that had to be set up every night, because the latter refused to spend the night in the same room with her brothers.

Robert came from this environment into the kindergarten. Why had he not come sooner? A statement from his mother explained this: "You know, I can't believe that Robert is good. I wanted to bring him long before this, but my mother always said, 'Go ahead and send him to the kindergarten. You'll see, soon enough, they'll bring him home before the day's half over, and if they don't, the other children will beat him half to death'."

Because of what the grandmother had said concerning Robert's eating habits at home, I felt justified in not forcing him to eat in the kindergarten. As a result the tantrums at meal times ceased, but they gradually became more frequent during the rest of the day. He himself created pretexts for these scenes by teasing the children continuously. I say "teasing" advisedly, because at this time he was not brutal. If we attempted to prevent him he would behave just as he did at meals. He directed most of his teasing against the boys, but he did not entirely spare the girls. The only ones he did not annoy were two feeble-minded children who happened to be in my group and his little friend who had been in my section for a short time. Although his passivity was markedly diminished by this annoying behavior, his accomplishment in play and work continued to stand at zero. In unorganized play or in any group project, he was particularly unstable.

When I attempted to engage him in some work with me, he was not at all interested in how the work was done but took pleasure for a little while in the result.

In one respect, Robert was an ideal member of the group. That was during the story-telling hour. His tension gave way to tranquillity, his face lost its anxious expression, and he was all attention. He showed a special preference for a picture-book by Abeking called *Mampampe*, the story of which is as follows: Mampampe, a little negro boy, disobeyed his mother and ran away into the woods. A fierce lion was going to eat him up, but Mampampe climbed up high in a tree and spat apple seeds down on the lion's head. The lion was angry and ordered him to come down. Meanwhile, Mampampe's mother was weeping at home, and his father collected all the negroes in the village and led them to the woods where they killed the lion and brought Mampampe back in triumph to his mother. Robert was especially interested in two of the illustrations, one showing Mampampe about to be devoured by the lion and the other showing him marching home to his mother as a hero at the head of the band of negroes. During a discussion of the story one day, I heard him say to his little friend, "We are all little negroes and I am Mampampe." Once when I was showing the pictures to the children and they were having an interested discussion about them, I heard Robert exclaim: "Be still or the lion will eat us up!" From that time on, Robert found it possible to take part in the children's conversations. I had this same book to thank for another step forward. I often read aloud from *Mampampe* to the children after lunch. Those who finished first could sit next to me. This never failed in its effect on Robert; he was always among the first to finish. In this manner the eating difficulties were at least removed, if not solved. If during a fairy tale the hero got into a desperate situation, Robert would cry out, "I want Mampampe!" This happened three times during the reading of Grimm's *The Foundling*, each time when the two children were in danger of being caught by the servants who were dispatched to bring them back to the wicked woman. He did

not enjoy humorous stories, as he always plainly indicated at the end by saying, "Now I want Mampampe."

The story of Mampampe gave Robert an excellent opportunity to abreact his anxiety. He sought this possibility in every story and therefore humorous tales left him unsatisfied. Why did he reserve the rôle of Mampampe for himself, and why did he insist that the other children (including Willi) were only little negro boys? Under the picture that he liked most to look at was written: "Mampampe marched at the head of the company, blew the trumpet, and all the negroes followed him." Mampampe came out of his frightful experience uninjured; furthermore, he put the other negroes in the background and became their leader, in spite of his disobedience. Robert, too, is disobedient at home but the result there is quite different. Through his identification with Mampampe, Robert created more than a mere outlet for his anxiety; he assumed a right to the regard which he did not have at home and which he could not have in the kindergarten because he still lacked the proper qualifications.

Meanwhile Robert's unsocial behavior had reached its highest point. The screaming had grown steadily worse, but seemed in no way disturbing to him, for I would immediately after such a scream see him smiling. The time he had spent in doing nothing at all he now employed in sucking. He pursued this so intensively that one saw evidence of it everywhere. He would stick fully half his apron into his mouth; the straps on his lunch basket were bitten through and through; the binding on his overcoat was in holes; the pillow used during his nap was dripping wet before he fell asleep.

He was especially difficult about his daily nap and again when he had to put on shoes before going home. He struggled against both with all the power at his command. Some of his aggressive expressions led me to believe that he lacked confidence in his own ability to do these things. I now assigned to him small tasks which he executed very carefully, although he had appeared at first to regard them with indifference. If I praised him, as I did a few times, he would turn away, go to

his place with his head hanging and begin immediately to disturb another child. Nevertheless, he began to do some work on his own initiative, chiefly with colored crayons. He drew nice straight lines but usually scribbled over them, crumpled up the drawings and threw them away in the wastebasket. His undirected play consisted in collecting all the toys in a basket, whether or not the other children were using them, and making a pile of them under a table. After he had done this for several afternoons, he crawled under the table, shut himself up in a "house" made of blocks and boxes and thus defended the playthings against seizure by the other children. This activity of collecting playthings was a mark of great progress as compared with his earlier behavior. Although he could not see that the playthings in the kindergarten belonged to all the children and that each child had the same right to claim and to defend them as his own for a short time, he at least made use of this privilege for himself, after the manner which the deprivation of every right of possession in his home plainly taught him. (Willi had everything and Robert had nothing.)

Robert remained reserved towards me. The only remark he made to me after the father of his little friend had taken him for an automobile ride was, "I had a ride in an auto", and for a short time his facial expression of anxiety gave way to a look of friendliness. Up to this time he had not succeeded in establishing any friendly relationships with the other children. The relationship between him and his little friend could not be called friendship in any usual sense of the word. Robert did not play nor talk with him, but he was always ready to fight for the possession of this friend if another child approached. The two children came to the kindergarten together every day and were taken home together.

At the beginning of December Robert was placed as an experiment in another group. The effect was immediate: he stopped screaming and sucking at objects, but his former passivity returned. This result was satisfactory, but there was another complaint, which could not be ignored. He bit and

sucked at his skin so hard that he drew blood leaving a mark which could be seen for days afterward. The question presented itself: was this a substitute for the forbidden sucking for pleasure and screaming?

He ignored me completely. The children of my group continued to regard him as belonging to us and spontaneously included him in little surprises. One day in the middle of December, he rushed at me with his red cap pulled down over his face and said: "Now Krampus¹ is going to get you." It was his way of indicating his disappointment in me and his anger over our separation. Subsequently he would come to me whenever he could reach me, squeeze me fairly hard in an embrace, and sit beside me without saying a word. In addition, he now answered my questions briefly, whereas before he had remained silent. He continued to take no part in the kindergarten activities; he was interested as before only in looking at picture books. (His new group did not have the *Mampampe* book.) He would gather little girls around him and show them the pictures, holding the book up before them and turning the pages without a word just as I had done with *Mampampe*.

Robert came back into my group in the middle of January. He took his old place immediately, found his old apron in the pile, and began to move around in quite an uninhibited and assured manner. Then he went to his seat and began sucking his apron until more than half of it was soaking wet.

Whenever possible, I tried again to interest him in some small tasks. He did these things with caution rather than skill, and very soon wanted to do them all by himself. His tantrums became worse and worse to the point of acts of violence. But I took courage one day when I observed in a quarrel between Robert and his little friend that Robert let fall his raised hand without striking him. I saw in this that Robert already possessed the ability to control his aggressions.

¹[Krampus is a character of Austrian folk lore, who looks like a devil and carries a bundle of switches. He comes on December 6, as a forewarning to children to be good so that they will receive presents at Christmas. TRANS.]

I should add here that a short time before, Robert had actually accomplished his first task in painting some balls with various colors. I gave him due recognition for this and he was happy. A few days later when he had severely scratched a little girl who was telling a story, I isolated him from the children against his violent protest. At the same time I reminded him of the incident I had observed of the quarrel with his little friend, and I told him that I knew he could control himself. Since I was not sure that my method would be successful, I began that same day, continuing for several days following, to talk with him about his aggressions. The content of what I said was always the same; that he did all that just because Willi did it, that he was now as strong as Willi since he could hit just as hard and that consequently he need no longer be afraid of him. Indeed, he could now do more than Willi: he could paint pretty balls and he knew how to play with other children, something Willi surely could not do. And once a boy is so strong and can do so many things, he remains so, and he need not be afraid of anyone. In the course of the next few days and weeks I allowed Robert the greatest possible freedom. I reduced my demands to the minimum in order to establish a balance. I let him see and handle everything and do whatever he wished. The result was that his capacity for performance increased, while his aggressions decreased.

At the height of his aggressiveness his sucking gave way to a greedy appetite. He scorned nothing to eat. Although his own mid-morning lunch was not inadequate, he took bits of food away from the other children and immediately stuffed them into his mouth. All my efforts to prevent this seemed fruitless although at this time he was showing a positive relationship to me. He stayed near me whenever it was possible, watched me at my various tasks, and sometimes brought play-things and played at my feet with the greatest concentration. At such times, his play reached a point of accomplishment. Soon he had a group of children gathered around him ready to help. His relationships with the children improved markedly. Whereas up to this time, he had completely ignored the boys

(his little friend had gone to the country in March), he now began to make friends with them. The expression of his face became freer, and although we could not hear, we could see him laugh. He now listened to humorous stories and when I played Kasperl¹ for the children or made a joke, he gave the impression of a carefree child. One day when I had to break off the story of Grimm's The Frog Prince because it was too long to finish in the morning session, Robert sat for a while after the other children had taken their usual places, with a far-off expression on his face. Then he suddenly picked up his chair saying, "But nothing happened to him", and went to his place.

Looking back over our observations of Robert's difficulties and the changes which took place in the kindergarten we have the following picture. Robert's life up to the time of his coming to the kindergarten was completely under the shadow of the home situation. He came into the kindergarten an anxious child, stripped of his rights and hungry for love. Here he found children all of whom had equal rights, all of whom were treated in the same way. He had no confidence in the whole situation. He could make no contacts with other children in work or play. He was completely passive. His first way of expressing himself was screaming. From this time on we can differentiate two phases. The first phase went from mild misbehavior to greater and greater aggressiveness which reached the point of acts of violence against himself and the other children and thus brought him to a complete identification with his rival at home, the little uncle. During this time, Robert was inhibited in all the kindergarten activities. He had no confidence in himself; he scribbled over all his drawings and destroyed them. In the second phase, he looked for a substitute for the love which he did not have at home. He sucked things with the avidity we have described and after this had run its course, he stuck everything to eat in his mouth with the same greediness. This avidity for food, which fol-

¹ [That is "played the clown". Kasperl is the mountebank of Austrian folk lore much loved by children. TRANS.]

lowed the eating difficulties, was very slowly and gradually replaced by an obvious emotional attachment to me. When the identification with Willi was accomplished, it became possible for him to work and play, to make friends with other boys, and to become a part of the kindergarten world.

At this time he began telling me things which he had scarcely indicated before, communications which frequently signified complaints against members of his family or against me. "My grandfather got drunk; he smashed the big looking glass to pieces, but that doesn't matter; we still have a little one." By this, he meant to say, "My grandfather is often cruel; he has beaten me many times." Again he told me, "My mother sleeps in the kitchen. Her bed is not set up until night." By this he meant, "My mother has no rights at home. She hasn't even a regular bed." Again, "I'd like to be grown up." "Why?" "Then I could lie on the floor too." This meant, "Then I could sleep where I want and be with my mother in the kitchen." One day I sent a chocolate bar to Willi by Robert. The next day Robert said, "You needn't send him any more. He doesn't like it." By this remark he wanted to say to me, "You should give things only to me." "Yesterday I beat the big drum and Willi beat the little one. Do you hear, the very biggest drum?" This meant, "Now I have a place at home; I have rights."

Several times recently, Willi's mother actually had said she was going to have her child vaccinated, so she could send him to the kindergarten. "They really seem to change a bit, when they go to the kindergarten."

At the end of April, Robert brought a pocket knife to the kindergarten, three days in succession. He did with it the usual things: cut open an orange, sharpened pencils, cut plasticine, and offered to cut my bread for me. When he was not using his knife, he put it in his pocket. On the third day as soon as he came into the group, he slipped the knife into my pocket and did not ask to have it returned. During this same morning Robert organized and directed a Kasperl drama for an audience of fourteen children. Somewhat later, Robert

made friends with a tall, pretty girl in my group. They played and worked together and looked for each other at every opportunity. (This friendship has continued.) Robert now showed me plainly that he had confidence in his own ability, and that he could do his work properly, as in his performance with the knife. He showed the self-confidence of a normal child, perhaps somewhat more, judged by the Kasperl play, and he conducted himself as a man toward me: he gave me his knife. The manliness one could see continued and strengthened in his affection for the little girl.

Meanwhile, Robert as the "big boy", prepared the way for Willi, who was now finally coming to the kindergarten. "Willi is really coming tomorrow. He's already been vaccinated. Fritzl has promised me he won't play with anyone but Willi and that he will make him something nice." Fritzl was a very lively member of my group, much sought after by all the children. Thus Robert, the smaller and younger, prepared the way for Willi, the older and bigger one, because he had grown big and strong and had confidence in himself.

Now Robert belongs among my normal children. He looks happy and feels contented. When I am obliged to reprimand him under circumstances that come up with every child, he makes spit bubbles with his mouth but stops immediately when I assure him I am not angry with him, but cannot overlook misconduct in such a clever big boy.

My report ends here. An important part of our task was accomplished through our influence on the home situation. The fact that the fundamental rights of the child were not ignored in the kindergarten, and that his merits were recognized, gave the mother courage to take his part at home, and impressed the grandmother as well. By means of psychoanalytical understanding, two results were obtained with Robert: first, the resolution of his fixated anxiety, which led to identification with Willi and became the key to his ability to do things; second, the satisfaction of his need for affection, which ended with a healthy object relationship.

Translated by HELEN ROSS

PSYCHOANALYSIS AND THE FUTURE OF EDUCATION

BY ERIK HOMBURGER (CAMBRIDGE, MASS.)

Of all those who through their analytic training hope to be able to make some fundamental contribution to therapeutic or educational work, the teacher is the least able to foresee what he may achieve through analytical insight, which he gains from his own clinical analysis. The analytic situation does not offer him any direct suggestion as to how to face the specific situations he meets on returning to his work. An analyst is obliged for the most part to remain a silent observer while the teacher's work involves continuous talking—this fact alone roughly distinguishes the methods of analyst from that of teacher, representing the two extremes of all possible educational methods of approach. The clinical analyst maintains an attitude of impartiality throughout, thus making it possible for his patient's affects to reveal themselves according to their own laws and in the forms given to them by a pitilessly selective life; the passivity of the analyst is the necessary prerequisite for the proof of the scientific value, as well as for the therapeutic success, of the method. In the work of the teacher the relations are much more flexible. He not only has to deal with affects in his children, the ultimate forms of which are not yet fully determined (a feature also found in child analysis), but he also cannot avoid registering his own affective response. Although he is the object of transference, he cannot eliminate his own personality, but must play a very personal part in the child's life. It is the x in the teacher's personality which influences the y in the child's development. But, unlike child guidance workers, he accomplishes his educational purposes chiefly through the imponderables of his attitude in the pursuit of his work as teacher. There he finds the specific means for exerting his

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influence. His duty is to train, to present, to explain and to enlighten. Therefore he should ask himself not where his work touches on the work of the analyst or the worker in child guidance, but where and how it in itself gives him the opportunity to make use of his new knowledge of human instincts.

Let us discuss enlightenment, taking the word first in the narrower sense of sexual enlightenment, and then let us inquire where and how this touches the problem of enlightenment as a whole. In the problem of sexual enlightenment, teaching and psychoanalysis can be seen to come to a fundamental convergence.

2.

Some years ago, when I was engaged in teaching, the mother of a seven-year-old pupil of mine asked me to talk with him. She said that Richard revealed such a drive to ask questions about everything that she felt unable to satisfy his curiosity and she preferred to have a man answer his questions concerning sexual matters. I spent several afternoons with Richard. He asked questions and I answered; we talked about God and the universe, and where children come from. Every question was answered conscientiously. Richard was a very intelligent and receptive boy. One rule proved to be important—namely, never to give more information than was asked for. His questions ventured to the point of inquiring about the man's rôle in begetting children and there they stopped. He did learn, however, that the semen of the man enters the woman and that this makes it possible for her to bear a child.

One year later Richard again expressed a wish to ask questions. As soon as he began, however, I noticed a certain reserve. His questions were no longer eager and punctuated with large question marks; they rather took the form of statements—whispered, careful statements. I again answered him conscientiously but with enough reserve so as not to disturb the next question already formed in his mind. The continuous flow of his questions was not interrupted. I took notes during the interview, explaining that we would use them later to check up and make sure he had omitted nothing. The following are

his questions, with tentative analytical interpretations. Let me state, however, that I interpreted nothing to the child. Throughout the interview I remained the teacher whose place it was to answer questions.

RICHARD'S QUESTIONS

The first hour

"I don't know whether I should ask about people or the world?"

"What about rain?"

"And what about the sun?"

"How about ships—do they bump underneath?"

"But you told me all that before and about trains and fire too." PAUSE.

The little scientist would like to keep far away from the interesting and the dangerous world of people and remain with atmospheric phenomena. When, however, he does discuss men, he circumscribes a wide circle around the genitals. But increasing pressure from within leads him to associations which touch on an inner anxiety. At this point, as at the word "fire", he pauses. The reason will soon become clear.

"How long can a diver stay under water?"

"Must he always pump?"

"What does he do when he wants something?"

"Once someone made a man. Why did he spoil him again?"

"I heard that a house was burned and everybody who was in it."

"But—when a prison burns? Are there windows in prison?" PAUSE.

Again at the mention of "fire" comes a pause. In the depths, in prison, in a burning house—one cannot call, cannot breathe, one burns. A man was made and then destroyed again. We begin to see that these associations have something to do with a narrow room in which a man is made—revealing to the analytic eye an unconscious fantasy and anxiety about the womb and the child it contains.

"I've never seen a house burning."

"I've never seen a fire engine burning on a house—that must be fine but not nice."

The fantasy which was restrained before each time by silence, now comes to the surface. It does so by means of a slip—the fire engine is burning instead of squirting water. The dangerous sensation of "burning" has replaced the pleasantly harmless and "manly" activity of the squirting fireman. The deeper meaning of this slip becomes clear later.

"After all I think I'd rather ask about people."

Apparently he does not know how much the inner voice has already asked about man. It would be interesting to know if and how the slip itself made this daring question possible.

"What about ears?"

"How can you talk?"

"How does hair grow?"

With the word "hair" he loses his wish to question further for the day. At this point I remember that already, the year before, a group of questions were always recurring which no answer satisfied—they dealt with "hair" and "blood". These probably were the expression of the deeper question whether the blood, which he had doubtless seen on the clothes of a woman as she undressed, signified the castration of the male organ or if the latter were only hidden by the hair.

These questions, according to their tone and content, form two special groups and may be classified as follows: (a) simple questions of interest, which seem to be only a kind of pretext, and the answer to which he already knew by heart; (b) the "hair and blood group", repeated from the first year, representing increasing anxiety. It is noteworthy that among all the new questions, which are obviously filled with dangerous matters of unconscious sexual meaning, there is not one direct sexual question.

The second hour

"Where does the air begin to get thinner?"

"What's around the sky?"

"What's a cloudburst?"

Now we have come back to earth, but along with a suggestion of something unpleasant—namely a cloudburst. Therefore, he pauses. Nevertheless, he makes a courageous decision.

"After all, I'd rather talk about people."¹

"I know everything about the head."

"About the legs, too."

"Do I know everything about arms?"

"About elbows too?"

The wide circle around the genitals is worthy of note; but the boy's anxiety about them bursts through in the next question: "How do you snap back the elbow when it's come out of joint?" Does "coming out of joint" suggest erection? (Arms and legs are "members", called "*Glieder*" in German, while penis is also called a "member" or "*Glied*".) In any case there is again a pause.

Then follows a still clearer anxiety about the penis. In the throat there is a tube for air and another for food. They must come out somehow below when you put your head down:

"And when food gets into the air tube?"

"Is it like that in a hen too?" (The association "hen" will be explained later.)

"In a snake too?"

"How does a snail push itself forward?"

"Where are there purple snails?"

¹ In the *Ztschr. f. päd. Pädagogik* V, 7, Dr. Edith Buxbaum describes an experiment with a class of 10–11 year old girls of a public school in Vienna, to whom the liberty was given of asking any questions they wanted to. The girls as a group behaved almost exactly and literally like the questioning Richard. With the first questions they tried to cling to things which led far away, such as telephone, airplane, Zeppelin: "What is it like when you fly up into the sky, on and on, straight ahead?" Then came the opposite direction, "And if you bore down into the earth?", which led them to dangerous questions—"Why don't the stars fall down?", to lightning or earthquake. The latter was explained by one girl as coming when "things which don't get along together, bump underneath". One girl's question: "Why do you feel your heart beat?" was unanimously disapproved of by the class. And still they seemed to be waiting for something. When a girl asked: "*Wie bewegt sich der Mensch?*" ("How do men move?"), half the class understood: "*Wie entsteht der Mensch?*" ("How are men made?")—and giggled. But finally they admitted just as Richard did: "After all we would rather ask about people."

The tubes that come out below, the snake, the snail that "pushes itself forward", the purple snail, all point clearly to the penis. The purple snail connects two ideas—snail and blood. Richard had heard the myth of the Greek shepherd who found his dog, bleeding, as he thought, at the mouth and then discovered that the animal had bitten a purple snail. Now, consequently, we approach the fear of "castration", which, being unconscious, threatens to overshadow everything:

"When you cut off your hand do you have to stop the blood with bandages?"

"When you're dead does the skin fall off? Do the bones go to pieces?"

"A celluloid factory can explode easily, can't it?"

The hour began with "cloudburst" and ended with "explosion".

The third hour

"How fast can a man run?"

"And an animal?" (Does he mean "run away"? It would seem so.)

"I'd like to know something about war. If Vienna hadn't stopped fighting would it have been all ruined?"

"Who started the fighting?"

"That was mean of England to help against Vienna."

Here it is necessary to consider what "fighting" and what "England" and "Vienna" mean. For some time Richard had shown occasional timidity on the street. Once, when questioned about his fear, he declared anxiously, "The dogs fight." A very enlightened little girl, hearing this remark, immediately explained, "They don't fight, they are marrying." Now people marry, too, and there are sufficient indications that physical conflict is involved. Many children overestimate these indications, especially in families where physical or psychic pain seems somehow to be connected with the events going on in the parental bedroom. Richard's mother, who seemed to be unhappy, had married in England, but shortly after the war had been compelled by various circumstances to leave his

father and settle in Vienna. Richard explained this change by connecting the war, the fighting and his father, from whose aggression his mother had fled away to Vienna. The unconscious identification of the country in which one lives with the threatened or suffering mother, and the enemy with the brutal father against whom the boy, the young hero, has to defend her may be pointed out as a common one. It is important to see where Richard's fantasies are based on his special oedipus situation. "The sun and the moon," he once remarked, "can never be in the sky at the same time. They would eat each other up."

"How are the teeth made firm?"

"Why are lips so red?"

"Why is the head up straight?"

"When you bend it back it gets all red."

"Why do you bleed when you cut yourself?"

"The hair under the arm . . ."

References to blood and hair again terminate his desire to question further. The possible interpretations of this hour may, then, be summarized as follows: (1) pitying identification with the suffering mother; (2) the wish to be like her; but also (3) fear of this wish, because becoming a woman means castration. A further anxiety about becoming a woman, appearing in the next hour, demonstrates that we are on the right track.

The fourth hour

"In your head there's an opening. Why doesn't everything run out?"

"Some people have something here" (goiter).

"Some people have a hunchback."

"If somebody hits somebody in the eye will he be blind right away?"

"Why are women so fat here?" (breast)

"And how is it when the woman has too much milk and the baby doesn't drink it all?"

"And when a woman has too little?"

Bursting skull, goiter, hunchback, the overfull breast, the dislodged eye; women grow fat, have children in their bodies and milk in their breasts. How do their bodies stand it? It is now possible to understand the strange intrusion of the "hen" in the second hour. It appeared in connection with the question as to what would happen if food should get into the wrong tube. Taking into account the familiar mechanism which disguises unconscious thought or fear by reversing the term used, as for example "below" to "above", "out" to "in", the question about the "hen" may mean: What would happen if that which should come out below (the egg from the hen, the child from the mother) tried to come out of another opening which was too small and burst?

At this point it is well to bear in mind Richard's actual difficulties at the time of this interview. He had attacks of *pavor nocturnus* in which he cried and asked if his bowel movement had been sufficient. When he was assured that this was the case he slept quietly. As this symptom disappeared he began to have difficulty with eating. His symptoms followed one another with a transposition similar to that of his questions, that is, from "below" to "above". Both were obviously aspects of the same anxiety: through which organ is the child begotten and through which is it born?

"Why do you see a strong man's muscles so plainly here?"
(The veins of the arm.)

"What part of people do cannibals eat?"

"There were many in the war?"

"Once someone told me about cannibals and I always thought they ran around in the streets."

"When you stand for a long time your feet get all red."

These questions are followed by a clear symbolic description of the anxiety about the penis:

"Is there a quite smooth ball here on your knee?" (i.e., gland)

"When you stretch your mouth open why doesn't it tear here?" (in the corners)

"But when you cut yourself somewhere on your skin, it could go on tearing couldn't it?"

"There's a sort of bone around the eye?"

"Why don't they put armor inside a soldier's uniform?"

"Are there armored cars in Vienna?"

"Around the neck there's a sort of skin collar?" (i.e., foreskin).

Again, in accordance with the displacement mechanism, the part most in danger is transferred above, but to a part of the body which also shares the danger of being cut off—namely, the neck.

The fifth hour

As this was to be the last hour before the holidays, and as it was preferable not to let the boy leave without any enlightenment in the matter which was troubling him, I reminded him that he had asked no question about childbearing, which had interested him so greatly.

"That's so."

"Why is it [women's buttocks] so fat behind?"

"What happens when the child stays in too long?"

"How do you know when it's coming?"

"And when you marry then the semen comes from the woman into the man, doesn't it?"

It is apparent that Richard, who had shown such intelligence in the understanding of all the enlightenment given him up to this point, had nevertheless been unable to maintain his sexual knowledge against the repressing forces. These had led him away from the masculine rôle and at the same time subjected him to intense anxiety concerning the factors likely to threaten him in the woman's rôle. The slip with which he first disclosed this change is noteworthy: the fire engine burns instead of squirting.

From this very limited insight into one child's mind which Richard's questions have provided, we may conclude that the formation of anxieties, fantasies, and unconscious and conscious theories, continues regardless of sexual enlightenment. It is

important to consider whether or not there is reason to believe that the infantile psyche (or, can we simply say the psyche?) always reacts in this manner.

3.

At first the child had asked questions openly. His desire to question was very naturally so divided that his wish for general information appeared in the foreground, while behind it lay his easily accessible curiosity about sexual things. The further development of the œdipus complex brought about a repression of the now dangerous sexual questions. Questions are now set carefully, half dreamily and disinterestedly, and behind the words which would endeavor to hide the sexual content lurks a general permeation of sexual anxiety, born of the conviction that a catastrophe must take place. The grownups, of course, deny or conceal this, but there are too many indications of actual force in sexual life and too many catastrophic desires in one's own mind. Because of anxiety and one's own desire for aggression, all signs of aggression become overvalued. These signs are not lacking, since a sado-masochistic component is always evident in the tension of sexuality, even though in normal sexual life, in the general attitude of the adult, it may be balanced and imponderable. In any event the child in his preoccupation overvalues something real. Changing according to his stages of development, his affective relationship to the single components of sexuality is based on what he observes in the outer world, as well as upon the sensations of his own body.

For the adult these components have become imponderables, scarcely measurable in normal sex life, and only in the artificial situation of psychoanalysis is the old scheme of weights and measures temporarily reestablished. In life, adult and child represent different stages of a development or, more accurately, are the result of different mathematical operations which are employing the same values: the sexual development of a child resembles a gradual addition while adult sexuality is the product of the same figures.

These oral, anal, phallic, sadistic imponderables, however,

which the adult can no longer measure or name, are just those which are experienced in crude isolation by the child, one following the other inexorably. The child develops them, fights against them, tries to balance them, and this struggle is complicated by the fact that he is busily occupied with the pleasure zones of his age level (or of an earlier one from which he has only partly progressed), as well as that he experiences sensations which prevent him from grasping what the adult tells. In general, the sexual act as represented to the child is rationalized and made more or less gentle and noble according to the personal attitude of the individual adult. In any case sleeping restfully together is sure to be emphasized by the adult as the only pleasure involved, but it is just this feeling of protected rest from which the child is drawing away into the tumultuous fight for existence. Only yesterday he forsook his mother's arms and his possessive share of her body. Today he has a respite in which to accustom himself to his loss, but tomorrow, so he feels, something quite new and different and dangerous will present itself. Rest, however, is the reward for his successful battle. He, therefore, accepts sexual enlightenment exactly as he accepts general enlightenment in other fields—passing it off with an almost patronizing gesture and with the feeling (sometimes even conscious): "Maybe you're right, though you tell me enough lies. But I'm interested in something else, and that you apparently won't tell me about because you think I'm too stupid—or perhaps you can't tell me because you're too stupid yourself."

An example offered by one of Richard's classmates may be cited in this connection. He had upon occasion heard from me that children are nursed at their mother's breast, and very probably he had also had an opportunity to observe this. Nevertheless, he exclaimed one day in school: "You said that women have breasts to give milk, but that isn't so. What women have there is something to have fun with." What does the boy mean by "have fun with", the pleasant appearance or feeling of the breast or the enjoyable vague memory of nursing? In any case, he is not alone in this feeling. But when he asks about it no one appears to know anything, and

his confusion and excitement are met with idealistic or scientific conceptions. Here, too, the interest of the child lies in a certain vividly felt emotional relationship, in response to which he is told something about sucking calves and lactating cows. But cow's teats resemble more nearly a multiple penis to the boyish mind, and the milking he observes very likely brings further confusion and new evaluations. In the face of such emotional relationships, education enforces repression and sets up in their place scientific law and order. We enforce with the patience of the drop that wears away the stone. But is there not ground for reflection when one reads what the laughing philosopher Zarathustra at the height of a gay science offers his fellow men as wisdom? "*Es gibt doch wenig Dinge, die so angenehm und nützlich zugleich sind, wie der Busen des Weibes.*"¹ The philosopher, of course, can rediscover and express the obvious facts which the adult refuses the child.

On the basis of clinical experience, psychoanalysis has recommended sexual enlightenment as of very real assistance, but what the enlightenment presents remains a fairy tale for the affects of the child, just as the story of the stork remains a fairy tale for his intellect. Let us not forget that the stork story does offer the child something. Recently Zulliger interpreted it as follows: "The complete stork tale, as a more exact psychoanalytic examination is capable of showing, contains anal and genital birth theories (the chimney, the stove and the pond), the idea of the forceful and sadistic in connection with the acts of begetting and bearing (biting in the leg), castration idea (leg biting), the genital begetting idea (stork-bird as masculine symbol), etc."

Modern teachers forsake the symbol-filled darkness of ancient tales which combined so attractively the uncanny and the familiar, but in doing so they have no reason to be optimistic, for while replacing them with more logical interpretations expressing some facts more directly and clearly, they neglect to include even vaguely much that is more fundamentally important. Neither fairy tale nor sexual enlightenment saves

¹ "Indeed there are few things which are at the same time as pleasant and as useful as a woman's bosom."

the child from the necessity of a distrustful and derisive attitude toward adults, since in both cases he is left alone with his conflict.

Noteworthy in this connection is the section in *The Analysis of a Phobia in a Five-Year-Old Boy* where the child derides his father by means of remarks about the stork fairy tale.¹ How dangerous must it then be when, instead of the fairy tale-telling adult or the adult who tries to carry out his theoretical duties, matters are taken in hand by the adult with pretensions of truthfulness or moral gravity.

That the adult who is questioned by a child is in the position to give interpretations seems to be only a first step forward. Above all, the adult must know that consistent and effective interpretation belong in the realm of clinical analysis. Then, once he recognizes the twofold meaning of the child's questions he is faced with two possibilities. He may either ignore the hidden meaning and consequently answer inadequately—perhaps even more dangerously and less adequately than the stork tale—or, disregarding the disguise of the question, he may interpret its hidden meaning, answering more than was intentionally asked. This may prove a shock for the child or, as is more probable, it will remain absolutely ineffective. And few things undermine the position of the adult more disastrously than serious but ineffective effort!

For the teacher there remains another individual problem. He must not only appreciate the sexual curiosity masquerading as desire for knowledge, but he must make the greatest possible use of it. The child never learns more than he does at the time of disguised curiosity. At this time he learns with the coöperation of his affects, and now when he hopes finally to find out “the hidden secrets”, the statement “*vitæ non scholæ discimus*” really holds good, for he is learning now for the sake of the life he dimly divines, and not for the sake of his lessons.

¹ Though it seems rather hopeless to succeed in giving children the biological truth while they are concerned with the reality of affects, little Hans's case shows the importance of letting children express repeatedly, in conversation and play, their questions about, and their conceptions of, the world. The history of little Hans proves that more than half the battle is won when the child succeeds in expressing itself. Freud, Sigm.: *Coll. Papers* III.

One might think that the teacher could make use of this situation to smuggle into his answer the sexual enlightenment that the child's questions have unconsciously requested. By general frankness he should be able to establish the certainty that there is nothing more secret about sex than about everything else. However, glimpses into the unconscious, such as described above, show that the sexual questions as they reach a complicated and dangerous point (a moment which enlightenment is supposed to guide) inhibit the desire for further questioning and the wish to learn. Softly the child speaks of the purple snail and fire engines, the food tube of the hen and the goiter that some women have. And still more softly come the inmost questions of the child which only barely make themselves heard to his interpreter: "What about the desire and the fear of destroying, and the fear and desire of being destroyed?" With his most earnest questions, then, the child still remains alone.

Here, besides the limits established by mental and physical development, we meet an affect-barrier blocking openmindedness and readiness to learn. That which the affect has under its power is released only by means of stronger affective experience, and not by any intellectual interpretation alone. Here again the analytic situation in itself meets both requirements: it provides experience through interpretation and interpretation through experience. The teacher is only able to give a carefully selected picture of the world according to his best knowledge, and this is true also of sexual enlightenment.

However, since all early experiences disappear only to reappear later as a powerful stream, we must assume that both the infantile disappointments and the derision or surrender with which the child meets them play an important rôle in the unconscious life of adult human beings; that because of these childish doubts and despairs "healthy" humanity clings to its group neurosis—its conflict concerning knowledge and faith—just as the neurotic clings to his individual symptoms. It is, therefore, not alone the attitude of the child toward the adult which is touched on by our question, but the attitude of humanity toward itself. The command which one received as

a child is passed on to the coming generation, and it is the adult with the repressed doubts who unknowingly increases the confusion of unfruitful belief and knowledge in children who are desirous of learning. This is shown in a practical way by the method used by educators in selecting and arranging the material to be taught. Almost all courses of instruction, from the picture book to the study of history at the university, are as if designed to confuse man concerning his visual, perceptive, and other relationships to himself and his history. After prohibitions, doubt, revolt and surrender have helped to establish the basis of his intellectual life, it is difficult for him to direct his intelligence to the necessity of dealing with the dangers within himself; it is impossible for him to decide whether "to ask about the world or people". Deciding in favor of the first may often imply the unconscious prohibition of the second—an inhibition in thinking which will naturally also have its consequences for his conception of "the world".

4.

A broader conception of enlightenment, the expansion of which will undoubtedly arise from psychoanalysis, is needed.

There is a footnote in Freud's *Civilization and its Discontents*:

"Thus conscience does make cowards of us all. . . .'
That the upbringing of young people at the present day conceals from them the part sexuality will play in their lives is not the only reproach we are obliged to bring against it. It offends too in not preparing them for the aggressions of which they are destined to become the objects. Sending the young out into life with such a false psychological orientation is as if one were to equip people going on a Polar expedition with summer clothing and maps of the Italian lakes. One can clearly see that ethical standards are being misused in a way. The strictness of these standards would not do much harm if education were to say: 'This is how men ought to be in order to be happy and make others happy, but you have to reckon with their not being so.' Instead of this the young are made to believe that everyone else conforms to the stand-

ard of ethics, i.e., that everyone else is good. And then on this is based the demand that the young shall be so too.”¹

About aggression as well as about sexuality the child hears at best a rationalization in the form of biological, historical, or religious purposefulness and is left alone with his own “purposeless” instinctive energies. He must feel himself alone, wicked in an apparently noble and purposeful world. He must repress the doubt born of firsthand evidence. How could we then believe that sexual enlightenment is sufficient, or, on the other hand, that all enlightenment is useless if sexual enlightenment is not sufficient? As a matter of fact the soul is a melting pot of inimical drives which urge the child from infant into adult life, forcing it through the vicious circle of guilt and expiation. The inwardly directed aggression (the most important psychic reality of civilization) is, according to Freud, best and first recognized in its sexual alloy—but not entirely to be understood in it.

Observing about ten of our twelve- and thirteen-year-old children outside of school and finding in their behavior some thought-provoking features, I determined to have a talk with them. Our discussion began with the explanation on the part of some of the children that much unsocial behavior lay in outbursts of rage—a rage (as they soon discovered) which was often unreasonable. Others soon became clear about the fact that this rage was inwardly directed and that it excluded them from an unconcerned participation in the activities of the group. With this knowledge the analyzed and unanalyzed children then began to show an understanding which would have seemed impossible. As the opportunity arose in the discussion, I was able to give them examples from our history study which corresponded to the feelings we were speaking of. The children had learned facts about the Eskimos²—for example, that

¹ Freud, Sigm.: *Civilization and its Discontents*. Translated by Joan Riviere. New York: Jonathan Cape and Harrison Smith, 1930. P. 123-24.

² Included under project work directed by Dr. Peter Blos.

they have a so-called "singing contest" instead of law court procedure, whereby the two opponents are forced to make fun of one another until the laughing observers declare one party or the other "knocked out". A little girl immediately had the correct idea: "They can do that", she declared, "because they haven't any nasty names. We would say 'pig' or 'idiot' right away and then everyone would be mad again."

Another example of applied history was offered by the story of Amundsen who, during the flight of the *Italia*, held himself strictly under Nobile's command in spite of an intense rage against the leader. In short, we discussed examples of rage, justified and unjustified, and examples of the social control of this emotion. With this acceptance of rage as a general fact, that is, as something that is not merely the fault of the individual who carries it within him, a variety of thoughts began to stir in the children's minds. They spoke of aggression that is displayed and of aggression that is felt, of guilt and the desire for punishment, with an inner comprehension of which adults are hardly capable. They even discovered 'civilization and its discontents in our little progressive school. They admitted openly that their desire for punishment was not satisfied by us. One of them said, "In the other schools it was fun to pin a paper on the teacher's coat. Here there's no fun in it any more." Another declared, "We're like balls that are all ready to explode and suddenly are put into an air tight room."

Then we were able to discuss what one should do with this desire for punishment. The Puritans were mentioned—men who though expelled for their belief became the grimmest of religious tyrants as soon as they had the power to exercise tyranny. The older children discovered that their behavior towards the smaller ones represented a tendency to abreact their feelings regarding control by the teachers. This began to make it clear that valuing fairness so much more than mutual suppression, as we did, only one thing was possible—submission through understanding of the situation. Finally the children came to the conclusion that the only thing possible would be to speak

often and penetratingly about the force which endangered this understanding from within until it lost its power.

Now, of course, all this is very easily said, but the reactions following such talks are not as easy to predict. This was demonstrated the next morning when, for the first time in two years, two of the older boys fought. I was reminded of Chancellor Snowden's remark at the London Conference: "Another such peace conference and we'll have war again." However, knowing the neurotic condition of the two boys, it was possible to accept as a good omen the fact that they for once actually and spontaneously "went for each other".

In view of such experiences, one would think that modern education must often stand abashed before its own courage, the courage with which it hopes to lead young people, by means of good will, toward a new spirit and future peace. It is psychic reality which forces itself through, and this the more unexpectedly and unpleasantly the more it is denied. One can understand that many are panic-stricken and, as it were, throw to the winds the ideal of the primacy of intelligence.

Freud has written that an increasing sense of guilt must accompany the development of culture. It is certain that (wherever the temptation to forget what has already been learned is withstood) education will become increasingly understanding. However, experience and theory teach that the feeling of being loved and understood does not diminish the strength of the feelings of guilt but rather increases them, and this brings about an economic discrepancy similar to that discovered by Freud in sexual life when he found that the development of culture had brought with it a shift in the unconscious evaluation of sexuality which made worthless both of the conscious alternatives—asceticism or living out one's nature. The only remedy for this upset economy is to make unconscious material conscious, and to prevent the accumulation of unconscious material by continuous enlightenment. Apparently pædagogy now faces a similar problem in the question of aggression, guilt and desire for punishment, and per-

haps here, too, steps taken toward suppression or liberation will not really touch the heart of the problem.

Perhaps a new education will have to arise which will provide enlightenment about the entire world of affects and not only about one special instinct which, in an otherwise entirely rationalized outlook of life, appears too obscure. This would imply a presentation of life in which the omnipresent instincts "without usefulness" (in reality the instinctive urge that opposes all "use") would no longer be denied. It is this denial which brings about the hopeless isolation of the world of children with their conflicts.

This isolation, it is true, is frequently overcome, but often only apparently. But the general fact, that the inner enemy is left concealed in darkness instead of having light focused upon him, gives him the power time and again to overthrow the sound will of the individual and the best-made plans of well-meaning leaders.

"Certainly men are like this, but have you asked yourself whether they need be so, whether their inmost nature necessitates it? Can an anthropologist give the cranial index of a people whose custom it is to deform their children's heads by bandaging them from their earliest years? Think of the distressing contrast between the radiant intelligence of a healthy child and the feeble mentality of the average adult."¹

It is surely no coincidence that the desire for a science of education should appear on the scene at the moment when, in the form of psychoanalysis, the truth of the healing power of self-knowledge is again establishing itself in the world. And to this truth much has been added since the time of Socrates, namely, a method. If education earnestly seeks to rebuild on a new conscious basis of knowledge and intelligence, then it must demand radical progress to the point where clear vision results in human adjustment. Modern enlightenment can best achieve this through psychoanalysis.

¹ Freud, Sigm.: *The Future of an Illusion*. P. 81-82.

CHILD ANALYSIS AND THE MOTHER

BY DOROTHY TIFFANY BURLINGHAM (VIENNA)

There are certain difficulties which arise in the analysis of a child that are not encountered in the analysis of an independent, non-psychotic adult. There is, for instance, the child's relative inability to express himself in words, and his frequent use of other means of communication. Furthermore, the child's emotional relationship to the analyst is complicated by many factors, among them his natural attachment to and dependence upon his parents. In turn, his dependence upon his parents forces the analyst to keep the child's parents in a favorable attitude toward the analysis. It is this last problem which will be the chief topic of this paper. To maintain the sympathy and the coöperation of the parents throughout the entire analysis of a child is a difficult and trying problem; and yet if one does not succeed in this the analysis moves inevitably to an abrupt and premature interruption. In this paper we will talk chiefly of mothers, because it is almost exclusively with them that the analyst must deal.

There are two kinds of mothers, those who are completely ignorant of analysis and those who know something about it and who perhaps have themselves been analyzed. Those who are informed about analysis are at first easier to deal with, for they understand the analytical process. Nevertheless it is inevitable that difficulties should arise, for the analyst's suggestions often conflict with the mother's unconscious needs. Mothers who are in analysis at the same time as their children will often unwittingly allow their attitudes towards their own analyses to influence their behavior towards the analyses of their children. Those who know little or nothing of analysis cannot help making difficulties, no matter how hard they try not to. Mothers in general, therefore, have to be dealt with as part of the treatment. They must be appealed to and their interest must be gained. The analyst must find out just how much of

her child's analysis the mother can stand. Upon her ability in this direction may depend the success of the whole treatment.

A mother can make countless small difficulties for the analyst. Thus she may not see that the child comes punctually to the hour, and may often let it miss a session without any adequate reason. She may make derogatory remarks about analysis in general or about the child's analysis in the presence of the child, and may treat it all as a jest. Or, on the other hand, she may expect miracles and anticipate that the child's difficulties will vanish as soon as analysis begins. Or during analysis the analyst may with great difficulty bring the child to a better understanding of its mother; and the mother may then at the first opportunity act in such a way that everything that the analyst has explained to the child must seem like nonsense. For instance, the analyst may have to prove to the child that its mother really loves it, and the mother may just at that moment treat it in an unusually harsh manner. Or if the child has become freer in its attachment to its mother so that it can turn to other people as well, the mother may react with intense jealousy. The analyst may ask the mother to behave in a certain manner towards the child and the mother may not be able to carry out this suggestion; or else may so overdo it that it cannot have the desired effect.

The analyst must therefore consider the mother as part of the little patient's environment. Even before one has seen the child, one knows that the parents have had a large share in forming the neurosis. Whether the parents are narrow-minded and "conservative" or broadminded and open to outside influences makes a difference, not merely because of their overt behavior towards the child, but even more because of their own inner tensions. Therefore it is necessary to keep in mind the parents' attitude toward religion. A mother may cling to her religion not as a faith alone, but as a vitally necessary solution of her own problems; she may therefore wish to foster it in the child by every means in her power. In the same way, a mother's attitude toward sex and the strictness of her own upbringing are reflected in the way

she trains her child. It is hard for her to give up ideas about sex that had been instilled in her when she was a child and that she has maintained ever since. The mother has surely had her own difficulties and peculiarities; and out of them, without help, has had to form her own character and work out her own adjustments as best she may. She will cling to these solutions defiantly and desperately; and they in turn are bound to play a large part in the formation of the child's character.

The power of unconscious forces is especially marked in its interplay between parent and child. It is so subtle and uncanny that it seems at times to approach the supernatural. The analyst knows this, and knows that this quality is more marked in some people than in others, and that if it is found in a child it must be taken into account as an unknown quantity that will bring many uncertainties into the analysis. Therefore when the analyst first comes in contact with a mother there are many things to be watched and to be kept in mind. One must wonder in what way the mother cares for her child, whether the child is not an outlet for very complex feelings, and how these feelings will play into the changes that the analysis will bring about in that child. One wonders whether the mother will coöperate, and if she will be amenable to the analyst's influence, and will yield to guidance so that in the end she will help to continue the growth which the analysis made possible. Or, on the other hand, is this perhaps a mother who cannot be influenced, and who at the first difficulty will turn against the analyst?

On the other hand let us consider the mother who brings her child to an analyst for treatment. Usually this step is taken only after every other measure has been tried. She comes to the analyst because she cannot cope with her child alone and is much relieved to find someone who will help her. Nevertheless once the analysis is under way she may become astonished and frightened when her desire to have the symptoms removed is not all that is achieved by the analysis. She sees all sorts of things being taken into account that she would much prefer to have left out. She sees the child suddenly

behaving in a quite altered manner, and even treating her differently. She feels herself being dragged into the analysis. Her relationship towards her child, her actions and behavior towards him, what she says to him, and how she says it, her moods and her tempers, everything is studied from the analytical angle. That is bad enough, but when she realizes that her whole private life is also being brought in, she naturally feels abused. She can understand why all that concerns the child is necessary material for the analyst, but when it comes to her private life—that seems to her to be going one step too far. She will not stand for it and struggles against it. Naturally she feels injured, criticized, misunderstood. Furthermore she feels jealous even of the attention which is now being given to her child. It was she who suffered from her child's behavior, and now it is her child who gets all the sympathy and help. She, who was most affected by his difficulties, now not only is not being considered, but an even more difficult situation is being made for her. Moreover she feels her child loving someone else more than herself, turning to someone else with all his troubles as he did before to her. It does not make it easier for her to realize that this person really does understand her child better than she does. She feels humiliated. And then, added to all of this, the child begins to look at her, his mother, with newly opened eyes, even criticizing her, her actions, her very thoughts; and she knows that her child finds sympathy in all of this with his new found friend, the analyst. Is it astonishing that the mother resents the analyst's efforts? Is it strange that analysts often lose cases just because parents can not stand the analysis and suddenly break off the treatment?

Analysts have tried to meet this situation in several ways. Some ignore the parents and confine themselves purely to the child, interpreting his unconscious expressions and the transference relationship. They leave out all of the child's daily life and his reactions to his surroundings, except that which comes into the hour as necessary material. They prefer not to know the parents nor to have them report on the child. Some prefer, when it is possible, to remove the child from his

parents and to place him in more impersonal surroundings during the analysis, and to return him to his parents to adjust as best he can when he has completed his analysis. Still others try to take in the child and his surroundings, his parents and his reactions to them as a part of the analytical treatment. They try not only to show the child his reactions to his parents, but also to take the parents with them through the analysis, showing them step by step what they are trying to accomplish with the child and giving them an insight into the child's troubles so that they can change certain outer and inner conditions which tend to increase the child's neurosis. Their hope is that as the personality of the child is freed through the analysis the parents will then be enabled to guide the child away from the neurosis instead of repeating the old mistakes.

There are difficulties in each of these three methods. One cannot carry through an analytical treatment without the parents' consent, because they can break off the analysis at any moment, they can disturb it, and when the analysis is completed they can make it impossible for the child to make use of the freedom he has just acquired. When an adult has successfully completed an analysis, he knows what to do with his released potentialities; but a child, just because he is a child, still has to be guided and helped and given opportunities to use these released powers. In the development of a child, this is a part of his normal education.

When one examines the three methods and takes into account the drawbacks and advantages of each, one must bear in mind the further development of the child. Where the analyst ignores the parents, according to the first method suggested, how will the child behave during his analysis and how will he adjust to his environment at the close of the treatment? There is no question but that to ignore the parents makes the situation much easier for the analyst. At best he has enough difficulties to cope with. Why should he add one more to the others? If he is able through his treatment to uncover the child's unconscious and to interpret it to him and to understand the mechanism of his actions and thoughts will the child not lose

his symptoms? Why should he take the trouble to understand the mother who will only make difficulties for him and, should he not succeed with her, probably cause him to lose his patient? He risks more if he tries to win the mother than if he completely ignores her. Let us see, however, how the child is after he has been treated in this manner. When one talks to him he can recite to you at length all the conscious and unconscious reasons for all his actions and where they come from; but if one watches him in his surroundings he seems like a ship at sea. He has no connection with reality. He cannot use his newly acquired understanding of himself to adjust to reality, even if he has lost his symptoms. His world is changed for him only so far as his symptoms interfered with his ability to meet it; but his environment, the atmosphere which was conducive to the formation of his neurosis, has not changed. He still has the same situations to fight against even though he can meet them less neurotically. He cannot try out new lines of thought and action; he is still tied to the old difficulties—perhaps not in the same way, but they are still absorbing his energy.

If according to the second method one takes a child away from his parents and puts him into another home for the duration of the analysis, he will at first have much fewer difficulties there; but after a certain length of time the child will transfer to the new setting the difficulties that he had at home. Again one has as before the choice of one of the two methods, either to try to gain the coöperation of the foster-parents or to ignore them. Nevertheless there may be certain advantages in transplanting the child into a new home. The child's own parents may be so neurotic that an analysis at home would be impossible. Or from the very beginning one may realize that the parents could not stand the child's analysis and would make it impossible. The child in his new home might not have such neurotic adults to deal with, nor would they necessarily react to him with the neurotic intensity of his own parents. For the analyst it is surely easier to understand the child's neurosis in this less complicated home. The child can, as he becomes

freer through his analysis, adjust more easily to his new parents. He can see the part that he has played and often the part his parents played in forming his neurosis. Here in his foster home he can become better adjusted to his environment. But when the child at the close of his analysis returns to his own home he finds it very difficult to adjust there. He has felt so contented in this less neurotic atmosphere that he cannot adjust himself to the old situation. One often hears of a child begging to be sent away to school because he feels his home problems too difficult to meet. He cannot stand being put back into the home of his neurosis. Children who have lost their symptoms in their adopted homes often produce them again immediately after returning to their own homes.

The third method, that is, to try to gain the coöperation of the parents in the treatment, is by far the most difficult. It is, for the duration of the analysis, an added complication. One knows from the very beginning that one is carrying not only the child's difficulties but the parents' as well. The mother is bound to bring in her jealousy, her criticism, and her hurt feelings. One cannot forget her for a moment, for one has really come between her and her child. Even though this is only for a short time, she feels that she must protect her rights.

One has means, however, with which to meet this difficult situation. Obviously one must give the mother something to make up for her loss. The analyst must show her that he is interested not only in the child but also in the mother. She must be encouraged to join in the treatment of her child. She must feel that any information she brings about her child is important. She must be urged to observe everything the child does at home, not only in his general activities but in his relation to her. She must feel that she too is taking part in a piece of research work, so that her interest is awakened. Then she will bring in material about herself, making comparisons between herself and her child, and finally taking as great an interest in the analysis as the analyst himself. In the study of her child her own natural interest in herself is approached, for her child is often an image of herself and her interest in

her child is indirectly an interest in her own personality. There is another important trait that the analyst can count on for help in their relationship; namely, the mother's feeling of guilt towards the child. A mother almost always feels that she could have done more for her child. She quickly calls to mind all of the occasions on which she has made mistakes with him and turns to the analyst for help in undoing the harm which she has done. By means of these two approaches one can usually reach a mother, keep her from harming the analysis, and even gain her assistance during the treatment.

At the same time that the analyst is winning the mother's coöperation in this way, he must initiate her into each phase of the child's analysis in order that she may not be unprepared or too shocked by each step of the analysis through which the child has to go. If she is told of each improvement, she can help the child make use of his new freedom. As the end of the analysis draws near the analyst should feel that there is someone who is adequately prepared to resume the parental rôle in the emotional life of the child, which the analyst had partly usurped. This, of course, should be a gradual process continuing throughout the terminal phases of the treatment.

Perhaps this consideration of the three methods of dealing with the mother during a child's analysis will enable us to decide on the best method of introducing the mother to the subject. We see both the analyst's difficulties and the mother's. The analyst wants to start his treatment and to have it proceed without interruption. The mother wants the analyst to start the treatment, but naturally she resolves in the back of her mind that if she finds that she does not like what is going on, or if it does not seem to help the child, or (as we can add ourselves) if she cannot stand the strain, she will simply take the child away. She does not realize that to start a treatment and break it off might be harmful. How then should the analyst proceed? Should he decide which method he should use only after having seen the mother a few times? This would seem to be the sensible thing to do; but the difficulty is that if he starts with one method he must usually con-

tinue it. Should the analyst introduce the mother to her child's analysis as one introduces an adult into his own analysis, telling all the difficulties that lie in the way? Should he enumerate the child's difficulties, his possible reactions to the treatment, his probable bad behavior at home? Should he mention the necessity of enlightening the child concerning religion, babies, sex, masturbation and intercourse? Should he prepare her for the turning of her child's affection to the analyst, and for her own probable reaction of jealousy and hate? Should he tell her of the necessity of bringing all that concerns her private life into the analysis, everything she says, does and feels, and of her inevitable self-protective impulse? How many mothers would put their children into analysis if the analyst told them all of these facts? Or should one first give the mother a few weeks in which to get used to the analysis and to the analyst and then tell her of the difficulties that await her? Would this increase the chance that she would keep her child in analysis? Should one tell the mother only a few of the difficulties at first, and prepare her step by step as the difficulties appear, hoping to be able to carry her along as her interest in the analysis and her confidence in the analyst grows? Or are there some cases which, no matter how suitable the child is for analysis, must be refused at once, because it is evident from the start that the mother's resistance to analysis is too strong to stand the treatment? Or should one tell the mother in such a case that it is impossible to analyze the child in his home, and that if she wants an analysis for him she must put him in another home for the duration of the treatment?

Such problems are familiar to all, and specific examples have not seemed necessary. However, illustrative examples of a few special points are perhaps not out of place.

The first two clinical episodes are examples of how a well-intentional mother can render the analyst's advice absurd, by naïvete or exaggeration. The third episode shows a mother driven by a sense of guilt into what might have been a serious false accusation against her own child. The next group of examples illustrate the kind of embarrassment that adults must

be prepared to endure at the hands of little patients while they are working out some of their primitive impulses. Then the difficult problems of sexual curiosity, speech and activity is illustrated in a series of short episodes; and, finally, a tragic case history is given, the analysis of which was interrupted because of the mother's inability to accommodate herself to the child's growth.

The first is an interview between a mother and her child's analyst, after the latter had had the child in analysis for a few weeks. The analyst was able to tell the mother something of her child's neurosis and could show her where she had aggravated her child's difficulties through her behavior. She had been too hard on him and had expected too much of him. As a baby, the child had had a very strict nurse. This nurse had been able to manage him so well that the baby was always good; he was always quiet and never cried. For instance, it had been her custom at bedtime to hold his head pressed into the pillow until he fell asleep. When the nurse left the mother tried to follow the nurse's methods, because she had seemed so successful with him. Here the analyst was able to tell the mother how unhappy the child really had been at this time. He had felt that she much preferred his older brother to himself, believing indeed that she did not love him at all. The mother was very unhappy over this report. As she looked back over these years she could see for herself that the analyst was right in what he said. Therefore she took the analyst's statement to heart and made up her mind to follow his advice. She began to pay the child a great deal of attention, fondled him, kissed him and gave him his way in everything. The result was anarchy. From being too docile, the boy became unmanageable, self-willed and stubborn, and had violent tempers. He would refuse to dress, would throw himself in tantrums on the floor, would eat only certain favorite foods, and would get into endless discussions with his mother. The mother felt she had behaved as the analyst had wanted her to and was naturally dissatisfied with the result. She lost confidence in the analyst and did not believe that he would be able to remove her child's symptoms through the analysis.

In a similar conversation another mother was told that the obsessional neurosis of her child had been intensified because the mother did not show the child much affection. The mother asked in reply: "If I go home now and love my child very much, don't you think the child will be cured?"

A mother can place the analyst in a serious dilemma. The mother of a twelve-year-old girl telephoned her child's analyst in great excitement that the child had again done something dreadful. A telegram had come to the house, and her daughter had opened it, read it and destroyed it in order to keep the telegram from her mother. The child denied having done this. The analyst was cautious; she wanted to be certain that what the mother had said was correct. The mother insisted that it was quite in keeping with the unsocial behavior of her child. The analyst knew how very serious it would be for the analysis if she should suspect her little patient falsely. She therefore suggested calling up the telegraph office. The mother did so and was told that the signature was written in a child's handwriting. Still the analyst hesitated and sent the mother to the telegraph office to look at the signature. There, to her amazement she recognized the signature as her own. She must have received the telegram, signed for it herself and then forgotten it. It was clear that the mother needed to prove to the analyst that the child was in the wrong and that she was in the right.

On the other hand, there are times in an analysis when the mother's fears for her child seem to be justified. It is well known how often adults act out their analytic reactions in the outside world instead of bringing them into the analysis. For children this is the usual behavior. That is one reason why it is important for the analyst to keep in touch with the child's activities at home, and why the contact with the mother can be so useful to the analyst. With children the transference is not so clear and the results of interpretations often are seen only in the resultant activities at home. If the mother has been analyzed she can easily follow the various phases of the analysis. To the unanalyzed mother this reactive conduct can mean only that her child is going to perdition. Even to the analyzed

mother these activities are not always interesting or amusing. The following incident may serve as an illustration: A few children had been invited for supper. One of the children, who was in analysis, had the brilliant idea of gargling with her soup. The other children were fascinated with the idea and all followed suit. When the mother came on the scene she found all the children in various phases of gargling. Some of the children had their heads bent back and from their throats came wonderful noises. Others were spitting the soup back into their plates, and still others were choking from laughter. It was a hilarious party, but no mother could quite enjoy the scene completely. The mother reported the episode to the analyst, to whom it was a welcome and interesting piece of information because it fitted into the phase through which the patient was struggling.

Another child, who had never been particularly difficult, suddenly became entirely unmanageable. To every demand she answered "I won't". She carried her stubbornness to such a point that it was necessary to leave her sulking for hours on the floor, or to use force to make her do what was essential. She was a big child and when she was being picked up she made herself so rigid that it took two to lift her. She gloried in her power. It was necessary to carry her up stairs, to lift her into her bath, or into her bed. She became unbelievably dirty, her hair unkempt, her dress full of spots even if she had been cleaned only a few minutes before. At the table she was revolting. All around her plate was a circle of spilt food, and her face and dress were one large smear. During this period, she and some friends decided to give a play. They asked the grown-ups to leave them alone. They wanted to make a beautiful surprise. After what seemed a very long time the grown-ups decided to enter the room where the children were. The children had forgotten all about the play. Our little patient had suggested "making-up", and they had painted each other's arms, legs and faces, every bit of bare skin, without any rhyme or reason. It was a revel in paint. The floor was a muddy mess of paint and water. The costumes that

the children had collected were lying in the mess. Of course all children can do such things at times, but such an extreme orgy is rare. It happened just then because the little girl was in a phase of her analysis in which this behavior played a significant and even therapeutic rôle. At the same time that the child was behaving in this outrageously dirty fashion at home she was drawing the most charming, delicate tiny flowers in her analysis for her analyst. It is evident then that the mother, or substitute mother, may have to bear the brunt of the analysis.

One thing that mothers fear is that when during an analysis their children begin to talk openly of sex at home, they will begin to perform, as well as talk. This fear is not entirely unjustified. An example of this is the case of a five-year-old child who in his analysis had been discussing the question of intercourse at great length. The information that he received was evidently not sufficient, for it did not satisfy his curiosity. Whereupon he suggested to his little girl friend that they should play marriage. She thought it might be amusing and they made their first attempt at intercourse. The analyst takes such an experience calmly, although without liking it. To the analyst it is a phase of the child's analysis; but to the mother it naturally means much more.

The following is the account of a child who was actually lost to analysis because of the mother's resistance.

Gerti, a five-year-old girl, has been in analysis over a year. Her jealousy of her brother and of her sister, her penis envy, her castration fear, had all been analyzed, but above all her attachment to her mother, which in the transference showed itself in her acting the part of a little baby for months. I am presenting here certain selected parts of her analysis to show the interplay between the mother and child and how it affected the analysis.

Picture this proletarian mother, ignorant of analysis, but with an urgent desire to do all she can for her three children. She has difficulties with her little girl. Gerti is in a kindergarten, where she is considered odd because she sucks her

thumb, daydreams, and does not join the other children at play. The mother worries about her, goes to school lectures on children, and tries to follow "the modern ideas" (as she calls them) in bringing up her child. Gerti's kindergarten teacher suggests to the mother that Gerti might be helped by an analysis, and even goes to an analyst with the mother for consultation. The analyst too considers that an analysis would benefit her, and the mother agrees immediately. When she comes it is explained to her that the analysis will be long, that she will become very impatient, and will often have difficult times with her child because of the treatment, and that the symptoms which her little girl has may even become more intense for a while. The mother is not to be put off; she is now quite determined to have the treatment for her child, and she wants it passionately.

The analysis begins. Gerti is an actress. She acts father, mother or child. In a short while it appears from this play-acting, (which of course may or may not be based on facts), that her father is a wicked man, that there is peace at home only when he is out of the house, that he is always demanding money, that his wife refuses to give it to him because she has none to give him, that he then gets angry and beats her and that the children stand around with their hands to their ears, crying. The first reaction to this period reaches the analyst through the mother. She cannot understand what has happened to Gerti; she is so changed, so cross with her, she plays with all kinds of dirt and talks of dirty things. The superficial meaning of this is very clear: Gerti is critical of her home. She tells dirty things about it, feels guilty at doing so and gives herself away to her mother by doing dirty things there. The mother was told only that it was natural that Gerti should react in some such way at home, and she is encouraged by an expression of gratitude for her coöperation in telling about Gerti's actions.

For weeks now Gerti is silent. She does not answer when I speak to her, sticks her fingers in her ears so that she cannot hear me talk, runs to her mother in the next room, until finally she suggests a new game. I am the mother, she is a robber

and the three cushions on my sofa are my three children. She bursts into the room in the rôle of the robber, frightening me, seizes my three children, stamps on them, murders them, and runs away. I, as the mother, have to be overcome by grief and cry. Then she comes back into the room as a little fairy-being, saying she is the Christ-child bringing back my children. She hides the children so that when the robber comes again he will not be able to find them. Now she comes to lead me and the children up to heaven. There I will be able to wash without being disturbed (her mother does washing), and my children will be protected. Next she tells me that the Heavenly Father wishes to be introduced to me, she brings Him to me and He tells me I will not have any more troubles. At this moment she runs to the window. The Heavenly Father has after all almost let the robber in.

For days Gerti acts out this fantasy. If I try to get her to talk she just sits and looks unhappy. Finally I tell her I am sure she has something to tell me and that her mother would surely like it if she told me. At that remark she prepares to leave, picking up her things and going out of the room.

I send for the mother, who tells me that Gerti seems unhappy, and that at home she plays one game continually, namely, that her mother is sick. I explain to her that I think Gerti is hiding something from me and that I cannot help her when she keeps things from me. Perhaps she can guess what it is, because I have the impression that the mother is not quite open with me. She then tells me she has a lover, that the children know him and love him and that she never takes him home because if she did her husband would surely kill her. However, on Sundays he often accompanies them to the country. Now it is easy to understand why Gerti was so silent. The mother had an all too well grounded fear of her secret being found out. She told me how she managed the children so that they would keep her secret: she had threatened them with her own death if they told anyone, and told them that their father would set the house on fire if he found out that she had a lover. Gerti has seen her father beat her mother and

wound her, so that these are not idle threats. Nor is it difficult to see how Gerti's fantasy was built up. The robber is the father who does wicked things. He is also the seducer who runs away with the children. The robber may also be the lover who prefers them to the mother. Her mother shows her great love of the children through her grief when they are torn from her. Gerti's love for her mother is too great to stand her mother's grief; so she brings back the children. Heaven must be life with the lover. The children have surely heard him say how he would protect their mother and give her a life without troubles. But Gerti cannot quite allow her mother to enjoy herself while she is left out of it. The loved father must therefore return to punish and to seduce.

Little by little the mother tells me a good deal about her difficulties at home with her husband, how her life is full of troubles, that she has had nothing but misfortune, that her only pleasures are when she can be with her lover, what a wonderful person he is and in what a lovely way he cares for her and for her children. She tells me that her only wish is to bring up the children so that they will not have the difficulties she has had. They are her whole life. She takes a great interest in everything they do. She asks me about analysis, is interested in all I tell her of Gerti, is anxious to coöperate, and asks me how she should behave with the children. Surely I am getting on very well with the mother. And Gerti? What is she doing now? She is making great strides in her analysis. All of her drawings are full of penis symbols, people with long noses, animals like elephants, horses and dogs with long tails. I explain to her what she is thinking about. Then she rapidly draws a man leaving out the penis and asks me, "What is that?" pointing to where the penis ought to be. I draw the penis in the picture, she seizes my pencil and scribbles over the picture saying it is "dirty". She hands me back the pencil and tells me to draw an angel. At home she does everything her brother does, sticks out her tongue, and uses bad language. Next she takes up playing doctor. She has a doll and this doll is sick. Through this play I learn that she was in a hospital with

scarlet fever when she was three. It was evidently a trauma in her life. She will not let her mother take her drawers off and insists on washing and dressing herself alone, screaming if her mother tries to do these things for her. She asks me whether my child wears drawers in bed, whether I do, whether I wear a night gown and how long it is. Then she asks for a piece of paper and draws an oval with a line through it and a diamond shaped figure with a line through the middle of it. She says, "I have two holes", and scribbles over the figures. "Make a drawing of my brother. I have seen my father; he has hair there." A short time later her mother tells me she is much improved.

I do not need to go into the analysis of this material; it is transparent: her interest in the penis, her penis envy, her identification with her brother and later the shock in the hospital and her awareness of the differences of the sexes. My purpose is only to point out that at this time the mother had a good relationship to me. When she talked freely of herself and was interested in the analysis, Gerti's analysis went well; and furthermore, when Gerti had a quiet time, undisturbed by actual happenings at home, she could bring out much analytical material. Can that all be merely a coincidence?

Then came an important event. The mother was left by her lover. The children were present at the farewell scene. The mother, beside herself with grief, told the children that her lover was going to America in a few days. Gerti begins to have fears, especially at night. The moon shines on her bed and wakes her up; she is frightened and cannot go to sleep. She will go crazy; she will walk on the roof; her mother told her so. She must not look at the moon, she says. She thinks of her mother's lover. He has gone to America, he will die, he will never come back; there will be a war and he will be shot. If there is a war here, she will not live, she will kill herself with a long knife driven into her head. Everyone will do it before a war comes, but only where there is war. She tells me she sometimes has the dreadful dream that her mother has died. She says: "Sometimes when one dreams something

it really comes true. For instance, I dream my father dies and he really dies." She talks of God. "He is everywhere, he can see everything that we do. You will go to heaven but I won't." At this point Gerti wants to leave me to go to her mother. I told her her mother has her so much of the time that she should at least give me this one hour. At this Gerti gets very angry. She says that is not true. She is in school in the morning and her mother is always away every evening now.

A period now begins when Gerti does nothing but washing and it is hard to get a word out of her except a request for more things to wash. I soon realize that this means that her mother is washing and she is left to herself a great deal. Her mother corroborates this. Gerti tells me she is afraid she will be stolen. A child has been stolen from his parents at night. I reassure her by telling her that she has bars at her windows; but she answers that robbers can hack their way through bars. What can children do when their parents leave them alone at night? Our new game is the abduction of the Lindbergh baby.

Gerti knows that her mother is unhappy because her lover has left her. She feels it to be her fault because of her jealousy. She has dreadful dreams, death wishes against her mother because her mother does not think of her, but instead thinks so much of her lover, and death wishes against him because he has made her mother so unhappy, or rather because she does not want him to come back and wants her mother for herself. Besides her jealousy, there is another secret she has kept hidden from her mother, viz., her masturbation. For this she feels that she deserves the most awful punishment. Now follows her struggle against masturbation: if she masturbates her mother will leave her to go to her lover. For her wicked thoughts and deeds, the moon will punish her. God sees everything. She will kill herself because everything is her fault. She blames her mother for leaving her to herself; she needs her presence to keep her from masturbating. She is constantly afraid that her mother might really leave her for her lover. We can see here two struggles going on in Gerti at the same time, the actual situation caused by her mother's

emotions over the loss of her lover and the struggle against masturbation. The two are so intertwined that it is hard to separate them.

Now let us observe the mother. First she is unhappy because her lover has left her; and she goes through a period of real mourning. She tells me that the children seem to understand because they are so quiet. Nevertheless at the same time she also says that she cannot stand the children, because they disturb her so much. She throws herself into her work in order not to have time to think. That is why she does so much washing. Then her interest in the children gradually revives and she is interested only in them and in what she can do for them, and now for the first time she begins to tell more about her husband. She cannot understand what is suddenly changing him. He is being so nice to her, trying to do all sorts of things for her, trying to relieve her of the cooking. He has even brought her some money, and of all unheard of things, he has for the first time in his life joined the ranks of the unemployed and shoveled snow all night long. She thinks that perhaps the girl he lived with has left him, and she wonders whether he wants something from her. She has not had intercourse with him for three years and has no intention of starting again now. I tell her that I think it must be very hard for her now that her lover has left her: surely she has troubles that she does not usually have. She denies this passionately; but the next minute tells me how nervous she is nowadays and how impatient. She tells her husband to go walking, as she cannot stand him in the house; his efforts to be nice to her infuriate her. Of course she takes it out on the children and is cross and irritable with them.

With this situation of the parents in mind we go back to Gerti. Her mother tells me that Gerti had a dream. "A doctor came and bored into my hole with an instrument." Gerti told the dream on waking, in front of the other children. They said "Aren't you ashamed? One does not talk about such things." Gerti was hurt and said: "All right then, I'll never speak again." Later the mother told her that such thoughts

were dreadful. If one did such things one would become dreadfully sick. When the mother told me this I asked her to tell me once more how she had really treated the children about masturbation. She told me with pride that they never masturbated. She saw to it that they did not. Even when they were babies she never let them go without didies; the minute she took one off she put another on, and when they were older they always wore drawers in bed. In this connection one recalls how Gerti did not let her mother dress and undress her or take off her drawers. The mother told me further that she had the greatest horror of masturbation and had never resorted to anything like it although some of her friends had told her that when they suffered from sexual privation they turned to it. I tried to tell her that masturbation was no longer considered so dreadful and that now one realized that all children masturbate. She told me that she knew that, that she had been to a lecture and had even heard that doctors considered it was harmless. A doctor in the hospital where Gerti was had told her not to be too severe about the thumb-sucking, for if she was, something worse would be the result. However, in spite of all this knowledge, when the children touched each other, she told them that it was the same as putting dirty things in one's mouth, and that if one did, one would get dreadful sicknesses. It is interesting that Gerti will never use a spoon that anyone else has ever used, except her mother's. This creates difficulties at home, as they have only four spoons. The mother told me her husband had had gonorrhœa, and that she had a horror of the disease. Although he had been cured she never felt safe from infection. When I suggested that he could go to a doctor again she admitted that she was sure he was well but that she was glad of an excuse to refuse to have intercourse with him.

In the meantime Gerti in her analysis was talking of babies; saying that they come from the stomach, girls from the mother, boys from the father. When boys are born they are immediately given to the mother to nurse. She gives the babies milk from one breast, blood from the other. (This was of

interest because the mother had told me previously that before her own marriage nothing had been explained to her and she had imagined just what Gerti's analysis had brought out. Perhaps her mother had told Gerti this, but it seemed scarcely possible.) During the same period the mother told me that Gerti was lying; and Gerti herself told me that she had so many sins, lying, stealing; and, I added, putting her hands to her genitals. She talked more freely now of the children and how they played with each other, and above all and with the greatest pleasure of the boys' "tails". The next day the mother came to me in great excitement. Gerti had talked of her hour at home; the children were horrified and she is afraid that when Gerti begins to talk of such things she will begin to do them. She is sure that I do not understand her milieu and the temptations for the children. Through the windows of the house across the way they can see all sorts of things going on. Her husband, when he does not have enough money, urges her to go on the street, to be a prostitute. I try to quiet her by telling her that the best protection for the children lies not in ignorance but in knowing about such things. . . . Throughout the whole next hour, Gerti asks how much longer she can stay with me. Can she come tomorrow, the next day, this spring, next year? I did not realize it would be her last hour; but the next day a letter arrived from her mother saying that she would not send Gerti any more since one could not have an analysis without being enlightened about masturbation and sex, and she did not wish that for her children.

Between this part of Gerti's analysis and what was happening in the mother's life there must have been a connection. The mother is having difficulties, missing her sex life. Her husband suddenly behaves differently towards her and makes advances as if he instinctively felt her need. What does Gerti do at this time? She dreams of intercourse. She talks of babies and is interested above all in the penis. She feels that someone is lying to her, not telling her the truth as it really is—surely her mother. She is excited and shows signs of greater freedom at home. She is also on the point of being very open in her

analysis. How does the mother react? With horror. Gerti should be given the freedom to do that which the mother does not allow herself to do, to masturbate? Gerti should always remind her mother of her own desires? She has always turned away with disgust from such desires and such thoughts. We know how she kept the children from masturbating. She has protected herself before from temptation. Now she has to struggle against the desires caused through the loss of her lover and those which her husband has stirred in her. But above all she must protect herself from Gerti. She cannot stand Gerti's having thoughts so like her own. If her daughter begins to have such thoughts, even to speak openly of sex, how will she avoid the next step, actually doing things? She must protect her as she has protected herself. She must not for a moment forget the temptations of their lives, the difficulties due to their milieu, and to her husband's urging her to go on the street. Above all she must not forget the consequences of giving in to such temptations, the dreadful illnesses. She must shut the door to these thoughts completely. She knows of only one sure way, through ignorance and through repression. . . .

I have given only a small part of Gerti's analysis, and have omitted periods where only straight analytical material was to be seen. It was my intention to describe only that part of the analysis in which the two trends were to be seen side by side, i.e., the simple analytical situation on the one hand, and on the other hand the more complicated situation, which was the result of the mother's actual life with its conscious and unconscious emotional reactions continually intruding into Gerti's problem.

We must bear in mind that not all cases are like this one. There is not always such a close contact between mother and child. There are many such cases, however, and in all of them one is struck by the interplay of emotions between the two. One does not know the extent of this influence on a child's life; but the following examples illustrate a phenomenon which demands investigation.

(1) A mother had just had the idea of giving her child a

bicycle for Christmas. The child was in the room with her and called out, "I know what you are going to give me for Christmas—a bicycle."

(2) The child guesses that her mother is pregnant before she is sure of it herself, or that she is in love with someone before she is aware of it herself. (Instances of this kind are not rare in analyses.)

(3) Here, however, is an example where the child is in no way emotionally connected with the mother's thought and yet follows her thoughts in his actions. A gold piece had played an important part in a scene in the mother's childhood. This scene had just been brought out in her analysis. After her hour she went home. She had been there only a few minutes when her little boy brought her a gold piece to hold for him. She asked him where he had gotten it, and he answered on his birthday which had been several months ago. There seemed to be no reason why he should have remembered it just then. A few weeks later, just as the mother was writing down some notes about this scene of the gold piece, the little boy came in to her and asked for his gold piece. He wanted to show it to his analyst. Again there was no connection with this material at this time in his own analysis.

(4) The most striking example that I know of a child being influenced by his mother's thoughts is the following: The mother was in analysis and in her hour she had a fantasy of throwing a jug of boiling water over someone when in a rage. She had witnessed a similar scene in her childhood. An hour later she was sitting at the table with her children. The younger child quarreled with his older sister. He suddenly left the table and returned a few seconds later carrying a glass of steaming water. He advanced on his sister crying: "You will see what I will do to you," and he threatened her with the water. The action was entirely unusual and unexpected from him. Where would such an occurrence fit in the child's analysis? Had it really anything to do with the child? If not, what is this strange form of communication?

I would like to close with one more remark. We all know

how necessary it is for teachers and pedagogues to be analyzed, so that they will not bring their own conflicts into their work with children. We can understand how important this is when we realize that even the analyst finds it difficult to remain aware of all the forces of the transference situation which is here a double one. The transference relationship with the mother plays the same rôle as that of the child. It is hard for the analyst to keep his own emotions free. He is tempted to side either with the mother or, as is more frequently the case, with the child. To keep sufficiently detached, to be just to both, is a real problem. In a child's analysis one has often to take decisive steps in one direction or another: one cannot always remain an inactive observer. One can often observe how analysts try to protect adult patients from criticism. Certainly the female child-analyst is apt to have that protective impulse to an even greater degree; for criticism will at the same time stimulate both her professional pride and her natural maternal instinct to protect her child. Here, however, there is a real danger; for the protective instinct, which would often be directed against the real mother, might become more highly charged emotionally than the protection of a helpless patient would demand. This would arise especially through the analyst's desire to possess the child herself, or to the wish to prove to herself that were she the child's mother how much better a mother she could be.

PHOBIA IN A TWO-AND-A-HALF YEAR OLD CHILD

BY BERTA BORNSTEIN (VIENNA)

Little Lisa was two years and four months old when she developed severe symptoms of anxiety. Up to this time she had been normal. The anxiety came on in the evening at bedtime, and became so intense that she would cry for hours and could be put to sleep only with the help of sedatives. Night after night she stood in the corner of her bed, anxious and trembling with excitement, repeating the same words, "No, Mama, no", hoping with this to persuade her mother not to leave her bedside. When she finally fell asleep, due to the drugs, it was always in a sitting position with clenched fists and a tense facial expression. In the morning she was still to be found in this most unusual position for a sleeping child. The pillows, which were placed in her bed with the hope that she would finally fall over in her sleep, remained untouched. It became evident that the child's main anxiety had some relation to her lying down, and that she stayed awake for fear of lying down.

By day this previously cheerful child was cross and had no appetite. She became increasingly apathetic and expressed only one wish—to sit on her mother's lap. This condition had lasted about ten days when I became acquainted with her. On her intelligent face one could read how greatly she was suffering. She was an unusually well cared for child; her general physical condition was good. She was exceptionally alert and independent and very dexterous with her hands. In her speech, on the other hand, she appeared somewhat retarded; she still spoke of herself in the third person and was not yet able to form sentences; but with the aid of a little baby-talk she made herself well understood in her environment, where everybody was completely at her service.

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Lisa was the only child of intelligent, liberal parents. Her birth had been eagerly anticipated after many years of childless marriage. Both parents were ready to make great sacrifices for the child, which, in the mother's case particularly, overcompensated for the opposite tendency. The mother's behavior toward the child was clearly dictated by feelings of guilt. The mother had always insisted that she wanted a little girl, but when the little girl was born, she showed marked disappointment; she could not believe that her perfectly healthy child was normal and for no objective reason clung secretly to the idea that the child was retarded—intellectually, at least. Her attitude changed all at once after she had let the baby fall when it was eight weeks old. The child was not hurt, but the mother could not rid herself of the idea that she might have seriously injured her.

Abraham has pointed out in his article, *Manifestations of the Female Castration Complex*,¹ that a mother's uncontrolled unconscious must have a harmful effect in the upbringing of her children. Lisa's mother had more than usual insight into her own childhood conflicts and she had the best conscious intention of reducing such conflicts to a minimum in the upbringing of her child; she had, in fact, successfully avoided all gross intimidations which predispose to conflicts. The story of the child's illness nevertheless shows us how insufficient a conscious attitude is in preventing mistakes in child training; the mother, driven by her own unconscious had unknowingly and against her own desire fallen into such errors by making demands on the child beyond its capabilities.

From the anamnesis we cite the following information: Birth was normal. The child was nursed for only two weeks, because the mother fell into a faint whenever the child was put to her breast. The child did well on the bottle. She was an unusually light sleeper and was left quiet and undisturbed in accordance with the recommendations of modern infant care.

Training in cleanliness was begun in the sixth month; the child was held over a pot at regular hours. In the seventh

¹ In *Selected Papers*.

month she had an attack of diarrhoea, which left her so weak that she could no longer sit alone. Her training in cleanliness was completed at the end of the first year without, it was alleged, the use of any severe measures. Subsequently the child wet herself on very few occasions, about which we shall hear more later.

The mother said that the child had sucked her finger vigorously from birth to the end of her first year, when the training in cleanliness was completed. At this time the sucking was exchanged for excessive masturbation. The child had certainly never been expressly forbidden to masturbate, but the mother had tried to persuade her to revert to sucking because the masturbation seemed to her premature. Her attempt was, of course, unsuccessful.

The child's pleasure in muscular activity developed early and intensely, and was thoroughly satisfied by the many gymnastic exercises which were systematically begun at an early age.

Up to the time of the outbreak of the neurosis the child had an equable, friendly relationship to the world around her, was very responsive, was always happy and on the lookout for new experiences. Her early and pronounced reactions of disgust are worthy of notice; a spot on her dress could make her unhappy, although supposedly she had never been reproached in any way for dirtiness. This sensitivity to dirt was not limited to her own person, but involved strangers as well.

The child had her own room from birth on, and up to the time of the present illness showed absolutely no manifestation of anxiety. She had allowed her mother to leave the house for hours without complaining, and she readily became friendly with strangers.

The mother could not explain the outbreak of anxiety. At first she thought it might have been occasioned by the impetuous behavior of an acquaintance, who had been at their house on the day of the first anxiety attack. The child, usually so very affable, is said to have resisted being taken on to this person's lap. It does not seem entirely improbable that this person, a childless woman, in caressing the little girl may have

made some remark such as: "How I would like to have such a darling child!" or, "I will take you home with me!"

But why a fear of lying down should have developed from this experience was in no way clear. As the mother had no further suggestions there was nothing to do but to observe Lisa as carefully as possible, to make an unprejudiced study of her restricted verbal utterances and her reactions, now circumscribed by the illness, in order to understand her phobia and to institute the appropriate therapeutic measures.

In order to induce rest in this child, who was really weak from sleeplessness, it was occasionally necessary to leave the post of mere observation and offer some suggestions. As a matter of fact, the attempts to influence the child were not very successful, but they served to facilitate a quick contact with her. What follows is the detailed and chronological account of the treatment. The unusual opportunity for psychoanalytic observation of so young a child justified this attempt. The treatment consisted of thirty sessions, which extended over a period of about two months.

At our first meeting Lisa appeared completely apathetic and uninterested in the outside world. Her only interest at the time was in being rocked by her mother. As I spoke with the mother about Lisa's aversion to lying down and sleeping, I took pains to talk so that Lisa could understand. Her confidence was won when I advised the omission of the noon nap, which in the last ten days had occasioned manifestations of anxiety similar to those that occurred at night. Lisa's anxiety at this time was so intense that although she had never had eating difficulties before, by an extension of the "phobic façade" she was now refusing to eat. Eating and sleeping were associated in her mind.

Furthermore, I promised the child that as long as she felt afraid at night she might have a light on in her room. Then in play I darkened the room with the window curtains and very quickly made it light again. I repeated this many times and had the child herself make the room light and dark, thus providing her with the twofold delight of a newly acquired

ability to adjust the window curtains and a newly discovered knowledge that after the darkness comes the light. I gained the impression that the child's fear was not directly dependent upon the darkness, and I learned on inquiry that she went quite fearlessly through all dark rooms with the exception of her own bedroom. Clearly this room, like her food, was avoided because of its association with sleeping. (I will not eat or go into my dark bedroom because then I will be put to bed.)

On my fourth visit to the child's home, at her supper time, I had an opportunity to observe her clever attempts to put off going to bed. Her efforts were made light of and she was asked directly what she really had to fear in bed. She replied with a recital of misdeeds having the character of severe self-reproach. The self-accusations pertained to objectively harmless aggressions which she had expressed against things and people, for which she had in no way been punished or scolded. It seemed that this unusually dexterous child had always reacted to any small accidents caused by her carelessness with intense remorse, so that it had been necessary on these rare occasions to reassure and comfort her.

I reproduce here the child's utterances: "See cup ow", which translated into the language of the adult means: "See, the cup is broken, has pain, (ow), and it is my fault". As a matter of fact she had dropped this cup several weeks previously and as a result it had been slightly damaged. "This ow too." She was pointing to a bib from which she had at one time pulled off a tape when trying to tie it on by herself. The tape had long since been sewed on again. In the same way she mentioned a number of objects she had injured, and it was strikingly evident that all the incidents had occurred several weeks previously. She remarked further that her mother had "here eyes ow", by which she wished to say that her mother had pains in her eyes. (She had been present when her mother put drops in her eyes.) Finally, completely crushed, she confessed that she herself had hurt her mother, whereupon she tearfully and

anxiously repeated the phrase: "No, Mamma, no!", her usual attempt to prevail on her mother to stay with her.

Bringing the child's fear of being deserted by her mother into relationship with her self-accusations, it seemed probable that she feared her mother might leave her as a punishment for her trivial misdeeds.

The repeated assurance that her mother loved her in spite of these incidents resulted in the child's trying to determine the exact extent to which this was true. Accordingly, she actually began to hit her mother as if in fun and smiled happily to herself when the latter took it as a joke and even assured her again that she loved her. Then, for the first time the child allowed herself to be put to bed again without crying, but she slept with the light on and remained until morning in the previously described position—that is, sleeping in a sitting posture with tightly clenched hands.

We must now consider the question of the origin of the little girl's aggression against her mother and how this was linked to her phobia.

The next day's conversation brought some enlightenment. The little patient spontaneously renewed the subject of "ow". She repeated word for word the previously expressed self-accusations and, as before, accepted reassurance with relief; then suddenly she remarked that it hurt her to sit on her chair, a statement which she kept reiterating, although no basis for it could be found. Then, indicating her genitalia, she said: "Here Lisa ow too", which, in accordance with the form of her earlier communications, informed us that by some sort of manipulations she had hurt her genitalia. In support of this supposition was her mother's observation that during these days the child had introduced a change in her masturbation technique. Whereas up to this time, so far as she had been observed, she had masturbated by pressing her thighs together, she now stuck diapers or table napkins between her legs as if wishing to demonstrate that her genitalia were not "ow", not damaged, that, in other words, she possessed a male genital. If this were so, then she must have had an opportunity to see a

male genital, compare hers with it and draw the analytically well known, but none the less astonishing conclusion that in comparison to boys she had been handicapped by an injury.

We said nothing to the child regarding our suspicions, as we did not wish to influence her further communications in any way. The subsequent course of the treatment of this youngster shows us how superfluous such "interpretations" are for the young child,—indeed that just as in adult analyses they may even prevent us from gaining access to further material. Nothing but accurate knowledge of the patients' individual experiences can lead us to the solution. But in any case we were very much surprised to find that such an analytic procedure was possible in a child of such tender age and such limited speech development.

Lisa went on to report that not only was she "ow" but that "Dada", their cook, was "ow" too. She kept repeating this. I had the child take me to the cook and asked her to show me where the latter was "ow". She pointed a number of times to the cook's genital region and exclaimed, "There Dada ow bahl" (Dada is hurt in that place and dirty, i.e., disgusting.) We assured the child that Dada was neither hurt nor dirty, but we were forced to the conclusion by the obstinate persistence with which she stuck to her statement that she must have made some observation on the cook, although the latter vigorously denied ever having undressed in her presence.

It was then explained to Lisa that she herself was certainly not injured, that her genital was meant to look as it did and was right and nice just as it was. To this the child replied in her characteristic way of speaking that her mother had damaged her genital because she had been naughty: "Mamma ow Lisa here, Lisa not good".

Here in the direct utterance of the little girl we have the confirmation of an association of ideas which as a rule can only be inferred from analyses, namely, "that ultimately it is almost always the mother who is held responsible for the lack of a penis, for bringing the child into the world with so poor an equip-

ment".¹ We wanted to find out whether the child's aggression against her mother was the expression of hostility due to her lack of a penis, or whether the hostility sprang from earlier motives only to flare up anew with this recent presumed neglect on the part of the mother.

On the evening of the above conversation, Lisa allowed herself to be put to bed without protest, but in the night she woke up crying, and reported a dream: "Opa dudu" (Grandpa naughty, naughty), which meant that her grandfather had appeared to her in a dream and had either threatened or spanked her. She now motivated her fear of lying down and of going to sleep with her fear of having dreams about her grandfather. In order to prevail upon her to go to bed again the suggestion was unfortunately made that she should send the grandfather away in case he returned in a dream; she was not naughty and no one need threaten her. The child entered into this jest with delight and for some time before going to sleep kept demanding a repetition of what had been said. With this quickly effective suggestion we unnecessarily postponed our understanding of this important dream for several weeks.

It was absolutely inexplicable why the child let her particularly kind and friendly grandfather appear as a threatening, cruel person in her dream. However, as the dream occurred on the night following the discussion of genital "injury", we were led to assume that perhaps the grandfather had found her masturbating on some occasion and had admonished her. But assumptions such as these brought no progress. Dreams of little children often like those of adults can be understood only from the dreamers' associations. I should like to insert the correct interpretation of the dream at this point although it was not actually known until later, in a different connection.

The little girl's favorite game before she was sick had been the "Kuckuck game".² This consisted in hiding and then calling "Kuckuck" which the child, who still spoke very imper-

¹ Freud: *Some Psychological Consequences of the Anatomical Difference between the Sexes*. Int. J. Ps-A. VIII, 1927.

² Corresponds to our "peek-a-boo".

fectly, often used to pronounce "Duduck" or really almost "Dudu". The dream, therefore, said: "Grandfather is hiding, has gone away". But we already know from the child's anxious call that she feared her mother would go away, too: and she began now for the first time in her life to prevent her mother from going out in the daytime. Now the grandfather had given his little granddaughter many presents, but in addition he had done two other really distinctive things which brought her into an ambivalent relationship to him. Firstly, as the child later revealed in play, when they were out walking together he had actually gone behind a tree to urinate; (thus there were two terrifying facts at once, first the sudden disappearance of the grandfather, then the sight of the penis); and secondly, the little girl regarded her grandfather as responsible for the disappearance of her mother. Only recently he had called for the mother several times to take her to stay with the sick grandmother. So it became clearer to us why the dream "Opa Dudu" inevitably resulted in anxiety. First it contained "Dudu" as a threat concept, the substance of the child's fear. "If I am not good, mother will be taken away by grandfather." But over and above this, it expressed the wish that her grandfather would play "Dudu" again, that is, disappear and expose his penis. Nevertheless, one understands that for this child, who was obviously just beginning her sexual investigations and would be stimulated to make comparisons with her own genital, such a wish was by no means wholly pleasurable. Since she held her mother responsible for her lack of penis, the desired situation would be well adapted to stir up her hostile feelings toward her mother, as a result of which she might easily fear that her mother would turn away from her and go to the grandfather, leaving her alone and unprotected. Later in the treatment, this idea was actually found to lie at the center of her anxiety. It is possible that this idea—that the mother would turn to the penis-possessing grandfather, withdrawing both herself and him from the little girl,—already contained the first intimations of the oedipus complex.

The subsequent hours led to a more fundamental discussion

of the difference between the sexes. I gave Lisa three raffia dolls which she immediately designated as "Mamma", "Papa" and "Baby". After monotonously repeating that she was "ow", she began to examine the dolls, and then instead of saying that she herself was "ow", she said that the baby doll was "ow" between the legs. When questioned, she was consistent in her answers that her father and her grandfather, the only males of her acquaintance, were not "ow", that her mother was also not "ow" but that the cook, on the other hand, was "Ow bah", whereupon she again exhibited the reaction of disgust shown on the previous day. Lisa now introduced something new in her behavior; she refused to sit on the pot and made a variety of attempts to urinate standing up, again confirming the idea that she had seen a man or boy urinating. When in play, she was requested to put her dolls on the pot, she had the father, mother and baby doll all urinate standing up. It was then explained to her that it was natural for her father and for boys to stand up to urinate, and for her and her mother to sit down, and that her mother and father were glad they had a little girl like her, etc., but she was mistrustful. Particularly, she could not believe that her mother had no penis like her father's and could not stand up to urinate as he did. In the next few days she demanded to be taken to the toilet when her mother went, but this was not allowed. The child seemed very much excited by the toilet games and conversation. Then when I placed a little doll in the lying position she began to scream in fear and to tremble with excitement. In the next few days her phobia became more extensive, so that no object in her presence could be placed in the lying position without arousing her anxiety and restlessness. She avoided the bathtub because she was so afraid she would be forced to lie down in it and she therefore missed her evening baths, which she had always greatly enjoyed. During the following nights she woke up crying, insisted on being put on the pot and then began again to scream in fear.

Lisa no longer complained that she was "ow" (without a penis), but with a sorrowful expression she kept pointing to her

head; it was there she had her "ow". As the most careful scrutiny showed no objective reason for her complaint we were forced to the astonishing conclusion that the child had effected a displacement of her symptom from below upward, such as we are accustomed to see in hysteria. We were also able to learn how the child happened to make such a displacement. She had discovered a hollow place in her raffia "baby doll" which made her think that the doll was "ow" on the head just as she was on the genitalia. She suddenly refused to have her hair combed and began having severe anxiety attacks when the electric fan was used for drying hair, although this like various other electric contrivances had been among her favorite play-things. From this it seemed probable that the factor common to the head and genitalia was hair; hair and penis alike were lacking on her genitalia. Her anxiety in the hair-drying process was particularly strong when she saw the hair "flying away", which probably confirmed her belief that penis or pubic hair could be similarly removed.

Lisa again expressed a disinclination to eat, but this time it was not, as in the beginning of her phobia, to prevent her going to bed, but in association with an obvious disgust for food. She spat out with disgust whatever she bit into. When questioned, she could give no reason for her behavior; her constant reply was simply "bah", her expression alike for feelings of disgust and for excreta. So it seemed possible that an unconscious comparison between excreta and the food she had to eat played a part in this intense new aversion to eating.

Several conversations with the child about the food's journey from the time it enters the body to the time it leaves, interested her exceedingly and directed her attention away from the sole comparison of her genitalia with those of other people toward the rest of the body. For days on end she took pleasure in ascertaining that she, like her parents, had all kinds of organs and that she, too, would develop breasts like her mother's. She kept asking at the same time, "Lisa not ow?" "Lisa hair too?" Then she led me into her parents' bedroom and said, pointing to her father's bed, "Here Papa", and, pointing to

her mother's bed, "Here Mamma, tummy, hair". Evidently, on her occasional morning visits to her parents' bedroom, she had seen her mother exposed and had noticed her pubic hair. This hair must have impressed the child greatly, for just as in the case of the grandfather's penis, she expressed an intense desire for it. She made no direct mention of any observation on her father, but from the form which her play took immediately afterward it seemed probable that she had made one.

Leading me in front of the mirror in the bedroom she took off her panties, regarded her genitalia in the mirror with interest and then repeated sadly, "Lisa no hair, Lisa ow?" Again I reassured her and promised her that she would have hair and breasts as fine as her mother's. Finally she seemed convinced, sighed with relief and pulled on her panties again. A few minutes later she led me back to the mirror, slipped off her panties once more and then put a hand towel between her legs, exclaiming with intense excitement, "Here Dada ow bah". This could only signify the repetition of a scene which the little girl must have experienced with the cook. We supposed that the child had seen the servant changing a menstrual napkin, but we could not be sure that she had recognized the blood as such. It seemed more probable that she regarded the blood and certainly the bloody napkin as anal soiling, which she called "bah". So we assured the child that she did not need to be afraid, that the cook was all right again and clean, like herself, and had no pain or "ow" whatsoever or anywhere.

To be "ow" and to be dirty seemed related and as yet undifferentiated in the child's mind. This suggested to us that her fear of being or becoming "ow" at the hands of her mother, which obviously lay at the root of her aggression and held it in check, could have originated in an unusually early training in cleanliness of which at first we had heard nothing noteworthy.

The child now allowed herself to be convinced that all her organs were sound and "beautiful" and, pointing to her head and speaking as if she had been saved, she said, "See hair, not ow". Whereupon she demanded a pair of scissors and tried to cut off the hair of the raffia doll which she had named

"Papa"; she showed in other words active castration tendencies. We did not press the child on this day as she seemed exhausted after these communications. Lisa now watched her mother closely at meals and kept asking where the food she took into her mouth went. She tried to open her mother's mouth and actually remove the food, whereby her reactions of disgust gradually diminished. This behavior was soon forbidden by the mother. The child had given no explanation of her symbolically enacted castration of the "father" doll, nor of this extraordinary behavior in regard to her mother's eating. She did not answer our questions as to why she did it. It is worthy of notice, however, that her interest in the food disappearing in her mother's mouth manifested itself a few hours after the castration play with the doll and may possibly have represented the fantasy, which is so often expressed by patients in analysis, that the mother eats the father's penis. The little girl had apparently conceived of three ways for things to disappear, and she was afraid of all three of them:

1. "cutting", which, to be sure, she had done with keen pleasure on the "father doll"; (from the moment of this play she had refused to have her nails cleaned because she feared that they might also be cut);
2. "flying away", a possibility which she had recognized when her hair was being dried by the electric fan, which, in turn, also aroused her anxiety;
3. "biting", "eating", for which she had developed a short-lived aversion and which she did not want to allow the mother to do. Indeed on two or three occasions this particularly clean and dainty child had tried to put the food which she had actually removed from her mother's mouth into her own mouth. "No, I should have it, not my mother". We see in this that the aggression against the mother had not yet been divorced from the pregenital object goal of incorporation.

Melanie Klein has repeatedly stressed her finding that the first pregenital object aim of children to be accompanied by

guilt may be expressed as follows: "I wish to steal the contents of my mother's body and incorporate them in myself". Whether these body contents, in our case food, were somehow already identified with the father's penis, or whether there was attached to it only the idea: "Mother has eaten up my penis, (or hair)", we unfortunately cannot definitely say. Perhaps all these thoughts were still undifferentiated and condensed so that "food" represented not only milk, penis, and hair, but also stool, which, in the child's early training in cleanliness, had been stolen by the mother.

A single detail, observed by the family on the same day, definitely supports the assumption that the child had already formed some conception of the relations between her father and mother. She built various things with her blocks, designated one block as her father's bed, another as her mother's bed, then threw the "Papa" doll out of bed and laid the "Baby" doll beside the "Mamma" doll. Her mother then asked her several times whether she would like to sleep in the room with her father. She always said no, but did express the wish to sleep with her mother. Again it seemed as if she wished to say: "Father (Grandfather) shall not take my mother away from me".

She began then to be somewhat more cheerful and active and allowed any object to be laid down in her presence, even though it still made her anxious. In this connection her mother repeatedly showed her that she herself lay down to sleep and that she could get up again whenever she wanted to. Then in play the little girl tried to stretch herself out on the floor, but in so doing was seized by so severe an anxiety attack that she relinquished this play for several days.

In contrast to her previous behavior she became exceedingly negativistic toward her mother. She would not permit her to dress or undress her, was constantly disobedient, and tormented her when they were out walking, by obstinately doing such things as jumping down from the house steps over and over innumerable times. (Of course, the desire to play the same thing over and over is absolutely characteristic for this age, but the particular way in which the child imposed this endless

repetition on her mother made the negativistic nature of it quite evident.) Hitherto she had been particularly docile with her mother, but now, on occasions such as this, she became aggressive toward her, kicked her, tried to bite her, etc. At the same time she was constipated for the first time in her life, for a period of several days. She absolutely refused to be placed on the pot and thereby confirmed our suspicion that the source of her aggression against her mother was the training in cleanliness.

In her talks with me she returned to the subject of the difference between the sexes and acted out for me the aforementioned scene of the grandfather hiding behind a tree to urinate. When I asked whether and where she had seen other men or boys, she mentioned the gymnasium class which she had attended for some time with other children of her age, and which she greatly enjoyed. A definite change in her behavior in the class had been noticed at the very beginning of her phobia, but since her apathy had so quickly spread to other situations no one had attached any special significance to it. However, during the period of increased aggressiveness toward the mother and contrary to her usual behavior in the gymnasium class, she became more aggressive toward the other children and behaved very badly on her way to and from the class.

The mother said at first that there could have been no opportunity at the gymnasium for Lisa to see a little boy urinating, or even undressing, and it was only through the child's repetition of a certain act in play, that a forgotten fact was forcibly brought to the mother's mind—much to her astonishment; namely, that on the occasion of a monthly examination of the gymnasium class Lisa happened to be taken into the same room with a little naked boy. The mother now recalled that the examination had taken place several days before the outbreak of the illness, and furthermore, that for several days before the outbreak of the first marked anxiety attack, quite contrary to her usual habit, the child had awakened in the night, asked for the pot and fallen asleep again crying and uneasy.

So it seemed that this observation at the gymnasium, like

those made on the cook and the grandfather, had activated the child's conception of having been handicapped by the mother. "If it is true that you have handicapped me", she thought to herself, "then I shall be stubborn, soil myself, bite you, hit you and eat you up. But no, then you will go away from me, I must guard against this temptation", and these thoughts gave rise to the phobia.

Once more we assured the child that girls' genitalia, though different, were nevertheless quite all right, that her mother's were just like her own and that she could be perfectly sure that hair would grow on hers later on. We assured her especially that her mother as well as her father were particularly glad that she was a little girl. To be sure, the last statement was not absolutely true, but for this child, whose narcissism was so wounded, it seemed to me helpful. Then a game was started with the child's dolls in which they were told to urinate and defæcate, but the little girl would not allow them to be put on the pot. We had to assure her that a new stool would come each day, and that her mother, and boys too, were quite willing to pass their stool; and after that she was able to play "defæcation". Then she suddenly asked for her own pot and defæcated without the slightest difficulty. Excitedly and for the first time she looked at her stool and watched with interest its disappearance in the toilet. The next few days she was much occupied with the idea that she herself could make things vanish and reappear; that plates which were removed from the table and out of sight still existed, and that her mother returned home again just as she herself did after a walk.

There was no further difficulty with defæcation and her interest in excreta became more and more outspoken. This interest was not criticized in any way; the child was allowed to look at her stool and talk about it as much as she liked. As a result of this tolerant attitude, the child's interest in other directions increased and she made striking progress in her speech development. In contrast to her earlier laziness in talking, she gave the impression of particularly enjoying it. At this time she found an ash tray with cigarette ashes in it.

She was greatly interested in the ashes, and when her mother smoked watched with fascination the cigarettes grow shorter and shorter.

When she put her fingers in the ashes her facial expression showed that she was quite conscious of doing something forbidden, and she laughed as she rubbed or "washed" her hands with them, as she explained by the word "Wawa". She then asked to be put on the pot but refused to be wiped off when she was through. She further refused to let the pot containing her stool be taken out of the room, although she betrayed no particular interest in her excreta on this day. She was completely occupied by her game with the ashes and laughingly smeared herself with them, "washed" the table and did her best to smear both her mother's face and mine. The latter attempt was warded off in a perfectly friendly manner with the explanation that grown-ups prefer to wash with soap and water; but in response to a direct question she was told that she might do what she liked with the ashes.

The child's behavior was highly provocative. As in the case of the aggressions against her mother she wanted to find out how far she might go and how far she might trust this tolerance. These astonishing outbreaks of reveling in dirt—for the household had always been accustomed to the child's abnormal cleanliness—had to be understood before any fresh disciplinary effort was used to force her to give them up. It seemed to us that for the time being attention to this fundamental situation was of more importance than hygienic or æsthetic considerations. Our expectation that the child would shift her play from the ashes to her excreta and would want to handle them was not fulfilled. On the contrary, after a little more play with the ashes she was entirely willing to have the pot removed from the room and to let the nurse clean her.

The following night the child went to sleep sitting up, as usual, with clenched fists and tense facial expression. In the middle of the night she called her nurse and was put on the pot to urinate; but afterward, as not infrequently occurred, she refused to resume even the sitting position in bed. As was

usual in such a situation, she was bidden a very friendly good-night and left standing up in bed. After a little while she called out delightedly: "bye-bye bah, new bye-bye" (Bed dirty, clean bed)—in other words she had soiled her bed and wished to have it changed. It was well understood by those in charge that this was a continuation of the provocative behavior of the day before and that the friendly attitude should be consistently maintained. After the bed had been changed the little girl asked her mother for a hug, which she was given, and then, to the latter's astonishment, she happily lay down in bed for the first time in five weeks.

This made it clear that the basis of the neurosis was the conflict between the urge to soil herself and the fear of losing her mother's love. Soiling was the very kernel of all the previously discussed pregenital, aggressive, fear-engendering, instinctual demands.

There remained three questions to be answered:

1. What was the relationship between this instinctual conflict and the sitting and lying, around which the manifest neurosis revolved?
2. What was the relationship between the mobilizing genital experiences and the mobilized anal instinctual conflicts?
3. What was the previous history of these mobilized instinctual drives and the defense erected against them, the fear of losing love?

The following morning, Lisa laughingly greeted me with the remark, "Look here", and promptly lay down on the floor. She had quite evidently understood the purpose of our conversation and games. Her fear of lying down was cured; she did not need me any more. She was glad to be in my company, but she was very quiet and made no reference to the subjects which had filled her mind during the preceding weeks, namely, the difference in sex, intake of food and stool evacuation. With other people, too, she was quieter and less talkative. During the last weeks of her phobia she had made enormous progress

in her speech, had really enjoyed learning to talk, but now this came to an obvious standstill. It was as if she felt the need of talking only as long as she was tormented by her problems.

In all other respects, however, she was more independent than formerly. She evinced great interest in other children, in dogs and automobiles, and was outgoing in all her relationships. She was friendly with her mother, but in contrast to her former behavior, she now insisted on having her own way. In her mother's company she misused her newly recovered ability to lie down and would even lie in the dirt on the street—not in anger, but laughingly—when she (but not her mother) was ready to go home. She no longer objected when her mother left the house, and made no more ado about sleeping, eating, or defæcating. She wet the bed several times, but never showed any particular feeling of guilt about it. Her interest in her stool grew less and less, but her game with ashes continued to be a favorite activity, as did washing with soap and water. Her bath, also, could be resumed. Indeed, once she had been able to lie down at night, she demanded her bath. But twice on that very day, with all her clothes on, she managed to fall into the tub when it was filled with water and was amused about it for hours afterwards.

Now, for the first time, she was given plasticine to play with, but she hesitated to handle it. She held it to her nose, found that "bah smells", whereas she had never objected to the smell of excrement. The attempt to supply a sublimated means of expression in plasticine play for her hidden desire to play with excrement was as yet unsuccessful. She obviously was not yet able to differentiate between plasticine and fæces. No impulse to touch her stool had been observed even on the days when she regarded her excrement with such great interest. Whether or not this fact was connected with the incomplete release of the anal repression, we cannot say. It is possible that, having been deprived of anal pleasures at the normal time by the early training in cleanliness and an exaggerated particularity in caring for her body, the child was now entering the anal phase for the first time. The attempt to get her to sublimate was

premature. According to a few observations, children are not capable of sublimation unless there has been at least a partial gratification of the primitive instinct. If the instinctual satisfaction is prematurely suppressed, only reaction formations seem to develop.

Calling to mind that sublimations proceed by way of identification with a love object which has had to be given up, it becomes clear that no sublimation can arise where an instinctual gratification has to be renounced before a positive relation to the object has been formed.

Let us return to our first question concerning the relationship of the child's lying down, or her avoidance of it, with the unmastered anal conflicts underlying the phobia. We believe that she could not allow herself to lie down because she was afraid that when lying down or sleeping she would be unable to control the wish to defæcate in bed. In the tense sitting position, in the balled fists and the facial expression were to be seen the displaced tetanic innervation of the sphincters. Sitting—that is, sitting on the pot—was the situation in which the child first learned to control her sphincters; this control, as a matter of fact, is physiologically easier sitting than lying. Moreover, we know of an historical factor which had connected the motif “incontinence” with the motif “not-sitting”: *After her illness with diarrhœa the child could no longer sit up.*

We cannot discuss the two other questions, namely, why these tendencies should have appeared with such force immediately after the three precipitating genital experiences, and what the events were which led to the anal instinctual conflict, without first describing the relapse which occurred after approximately four weeks. It was utterly surprising that the relapse was occasioned by the departure of the little patient's father; for he had often been away traveling, as the child knew, and up to this time she had accepted the fact quite casually without any special demonstration of affect. This time she happened to be on hand when the father's suitcase was being packed. She showed a certain unrest and an increased tendency to cling to her mother, who had told her why and for whom the valise

was being packed. In the evening she refused to go to sleep, and she stood howling in bed for half the night—just as in the beginning of her phobia—calling out repeatedly, “No, Mamma, no”. When she finally fell asleep, under the influence of sedatives, it was again in the sitting position as described in the first paragraph of this essay. The scene was repeated on the following evening after a perfectly quiet day. She had listened disinterestedly to explanations of her father’s departure and his prospective early return. Only one thing in her behavior was inexplicable on this and the following day. She refused to have her shoes put on; as soon as anyone came near her with shoes, she whimpered that her foot hurt, that her foot and her shoe, too, were “ow”, which was taken to mean that the shoe had hurt her foot.

Since there was nothing in the least wrong with either her foot or the shoe, the child’s insistence was quite incomprehensible until the mother remembered, after repeated questioning, that approximately half a year previously when she herself was away, the child had worn shoes that were too tight and must have hurt her. The mother had discovered this immediately on her return, had scolded the nursemaid in the child’s presence for her negligence and had given the child new shoes without delay.

This information explained the child’s behavior and threw fresh light on her refusal to lie down in bed and sleep. The phobic symptoms were apparently connected with this journey of her mother’s, which the child was thought to have accepted very well. They reappeared with the preparations for the father’s departure, whereby the child showed no concern about his leaving but a general anxiety that the mother might disappear. She had been disinterested in the proffered comfort that her father would certainly return, and had continually repeated, “No, Mamma, no, bye-bye no” (My mother shall not leave and to prevent her leaving I won’t go to bed.)

The idea that her mother would go away instead of her father, was reinforced by the child’s recognition of the father’s suitcase as the one her mother had used on her last journey;

so that she naturally came to the conclusion that on this occasion, too, her mother was going away. (Since there were two similar suitcases in the house, it was possible to convince the child that she need have no fear this time that her mother was leaving.) Later, the use of this suitcase in games, packing it and unpacking it, the "going-away-game", helped in the mastery of the severe trauma.

The second night after the father's departure, before either we or the child understood the connection between the anxiety and the journey, the anxiety attack reached such an alarming pitch that the mother was advised to sleep in Lisa's room, in the hope of quieting her. The anxiety did diminish, but the child continued to stand up in her crib for a long time, watching her mother.

Since it had become clear that the child avoided lying down because she was afraid that in this position she could not control her impulse to defæcate in bed, she was given reassurance and comfort. She responded with words which she repeated innumerable times during the night, "Once bye-bye bah, Mamma, no". (Once I soiled the bed, but mother shall not leave on that account.)

The child herself had herewith told of the traumatic episode underlying her phobia and pointed the way for further treatment. Our task now was to help her in the belated assimilation of these undigested experiences. In the days following we talked about the mother's travels and in this way stimulated her memories of the motherless period. It was interesting that she remembered from that time a number of details which appeared to be screen memories: for instance, that she had walked around the yard naked, watering the garden from a watering pot; that a little pail (one of the things she had pointed out as injured early in the treatment) had been spoiled at this time, etc. She kept on telling the same stories, to give herself the evident satisfaction of repeated assurance from her mother and me that although at the time of these experiences she had been afraid, now—big girl that she was—she need no longer fear that her mother would be angry if she soiled or broke things or that her mother would go away without telling

her beforehand, and that if she did go, she would certainly return. But above all, we let her feel our disapproval of the persons who had evidently made her false threats. The making conscious and the thorough working through of these experiences enabled the child to relinquish her phobia again. To date (five months have elapsed) Lisa has remained symptom-free. In the meantime she has twice been exposed to a separation from loved individuals and each time reacted only with conscious and outspoken anger.

The child's communications were subsequently confirmed by the adults, who remembered that six months previously on the day before her mother's return from the above mentioned absence, the child had wet herself several times. We cannot exclude the possibility that the child had heard talk of the mother's return and had wet herself in excitement at the prospect. The members of the household also thought it probable that when this happened, they had said to her, "Wait until your mother hears you have wet yourself again! She won't love you any more; she will go right away again and won't want to come back".

Then the mother returned under conditions which the child could not help misunderstanding. She had a cold and did not greet her child as usual, but kept away from her bed as a precaution against infecting her. Presumably the child attributed her mother's behavior to displeasure over the bed-wetting, which served to confirm her fear that her incontinence would make her mother leave her and no longer love her. We know how the tolerant atmosphere surrounding the child later on permitted her to yield to the anal impulses which she had hitherto kept under such anxious control. The father's departure could occasion the relapse through the motif "journey", for the child could think that the mother would leave her as she had six months previously, because she, Lisa, intended to wet and soil her bed, as she had done at that time. She was able to prevent soiling the bed by sitting up. By staying awake she meant to prevent her mother from leaving her. After the child had produced this material and the mother had

been told about it, the latter was able to complete the anamnesis.

For the first time we learned the truth about the training in cleanliness. It had been said that this proceeded without difficulty. But in the mother's absence it had been taken over and completed by the grandmother, and as the mother now admitted, certainly not without severity. The child was exactly a year old when the new achievement of continence was proudly reported to the mother and the latter, much pleased about it, had rewarded the child by letting her go without didies. The mother gave Lisa her first panties at this time, showing them to her with great pleasure and evidently as a reward. The combined effect of the mother's behavior after the first journey (pleasure in the child's continence) and her behavior after the second journey (misunderstood by Lisa) caused the child to give up all anal pleasure in order to hold her mother. All in all, the neurosis is identical with that of the one-and-a-half-year old child reported by Wulff,¹ who also fell ill from the conflict between pleasure in soiling and the opposing fear of loss of love.

The whole "prehistory" of the anal instinct conflict was now evident: because the wish to defæcate in bed was so intimately fused with the fear of being forsaken by the mother, the response to an intensification of the wish was a phobia rather than a relapse to incontinence. The intensification itself we did not understand.

The conflict was activated by the discovery that her grandfather had a penis, that her little gymnasium friend had one, and that women had pubic hair, but that she had neither hair nor penis; and it was furthered by an observation made on the cook, the significance of which for the child is not so easy to gauge, but which probably conveyed to her that women also soil themselves and are, moreover, injured ("ow").

We know that the circumstances which tend to precipitate adult neuroses are either those which reënforce the unconscious infantile sexual instincts (as, for example, deprivations in the sex life from external causes) or those which intensify the

¹ Int. Ztschr. f. Ps. XIII, 1927.

anxiety serving to combat these instincts (accidents, for example, which mobilize castration fear). In our case the question similarly arises whether the child's genital observations intensified her desire to soil herself or whether they increased the anxiety opposing this desire. When we stop to consider the important rôle played by "ow", bodily injury, the second assumption seems more probable. The experience of an injury actually suffered makes the danger of a repetition seem more imminent, and the fear thereof may serve to mobilize the old fear of being deserted. But the direct mobilization of instincts by such experiences must also be assumed, and indeed in two senses. It has already been mentioned that the child's recognition of her own inferiority released a storm of aggression against her mother: the urge to incontinence is equivalent to an aggression against the mother who insists on continence. But the following circumstance seems even more important to us.

The experience of seeing the grandfather's penis as well as the two other scenes were well adapted to act as *sexual stimulants*, to bring the child into intense sexual excitement. For the organization at this age level the instinct to soil with faeces represents the appropriate path of discharge for sexual excitement. It is characteristic for children at the anal-sadistic level to respond with an anal reaction to sexual excitations from a genital source, as we have often observed in reactions to the primal scene. Apparently, in our case, the wish to soil, resisted as it was by the fear of loss of love, could only be endured to a certain degree without the development of symptoms. The threshold into neurosis was crossed at the age of two years and three months by the sexual excitement of the three scenes, whereby the latent instinct conflict, dating from the time of her training in cleanliness, and more particularly from the time of her mother's journey, become pathogenic.

In the "healthy" period when the conflict was latent, the child was not entirely without means of discharge for the excitation. The mother reported that the child had masturbated in early infancy by pressing her thighs together, that she had begun again after being trained in cleanliness and had

continued ever since. In contrast to her anal activity, this masturbation was not only permitted, but positively favored by the fact that she was praised for holding back, an activity accomplished by the same pressing together of her thighs which she utilized in masturbating. So by a premature anal repression, resulting from the severe training in cleanliness, the child was forced to a premature genital outlet. Apparently, however, this outlet, which was not proper to her level of organization, could carry off only a certain amount of the excitement, and it failed completely after the three big traumatic scenes which required the full measure of forbidden anal reaction.

Is it not possible to explain the insufficiency of masturbation on other than purely quantitative grounds? May it not be that the castration complex which developed on the basis of her observations had forced a regression to an abandoned anal phase?

Against such an assumption (and aside from the theoretical factor of the child's age) was her actual reaction to her observations which, though she was genitally excited, were those appropriate to a predominantly anal organization of the libido.

Objective genital factors may apparently be subjectively experienced as anal. In adult analyses we often have to reconstruct an anal conception of the primal scene. This does not exclude the fact that the observations may later be correctly referred to the difference in sex. In this child's mind things that were later to be separated were still undifferentiated. At any rate the napkin and the blood, and probably the hair as well, were anally perceived. The child's attack of diarrhoea must have established the association of blood and excreta ("ow-bah") and this was now reactivated. (This early intestinal illness cannot have been without significance for the general anal fixation.) A similar combination may also have occurred when she observed the penis. The child was constipated at a time when she was occupied with the problems of sex. She refused to let herself be cleaned after defæcation and, as if she hoped to make a penis of her stool, she objected to its removal. This may be considered a possible motive for the reënforce-

ment of the pleasure in soiling. Even her object relationships seemed to be dominated by the goals of holding fast and incorporating, which certainly do not correspond to a phallic level, and we see only hints—not more—of the œdipus complex, in spite of the premature and, as the neurosis proved, unsuccessful, artificial “genitalization” of the child’s sexuality. For the aggressions against the mother were rooted not in jealousy, but in the idea of being neglected by her—the idea that her training had robbed her of penis, of stool and of all pleasure in her stool.

To summarize: an early and strict training in cleanliness, later reënforced by the idea, developing from a chance circumstance, that she would be deserted by the mother for uncleanness, forced an early repression of the pleasure in soiling with fæces and the related aggression pleasure, which the very deprivation had intensified.

As substitute for the procedures corresponding to her level of organization, which were paralyzed by the repression, the child seized upon masturbation. This failed her when the coincidence of three exciting experiences increased her sexual excitement and her anxiety. The old conflict was thus remobilized in pathogenic intensity.

We have seen to our surprise the devious ways which had to be followed before this relatively simple conclusion became probable, and how complicated the mental life of a two-year-old child has already become even in the absence of the complications of later development. So we may conclude that child analysis is not so simple, and realize what a very difficult task it is to feel one’s way into the thoughts and feelings of the early years.

We should learn from this not to be too quick to explain things in terms of constitution, biology and phylogeny; for if we succeed in obtaining a sufficiently deep insight into situations, we find that events, environmental conditions, and ontogeny are to be made much more responsible for mental development and its end results than we thought. Whereby it is naturally far from our intention to discount the constitutional factor.

Translated by MARIAN C. PUTNAM *and* EDITH B. JACKSON

FROM THE ANALYSIS OF A BED WETTER

BY ANNY ANGEL (VIENNA)

Hilda was an unusually large, well developed and mature looking girl of twelve. In appearance she was striking and pretty, and in demeanor alternately shy and bold. Her mother related a pitiful story about her. Until her third year she had been healthy, and had been fully trained in cleanliness. The family at this time was staying with the child's grandmother in Yugoslavia; and for a time her parents had found it necessary to go away, leaving the little girl in the care of her grandmother. On their return, they found that the child had been through a severe and mysterious illness. No one knew what it was or how it had originated. She had had violent vomiting spells and was thought to have had fever. Thereafter she had wet her bed every night without exception. The energetic and solicitous mother tried everything, severity and gentleness, spankings and promises, but in vain. Returning to Vienna, she took the child from doctor to doctor and followed every recommendation. All sorts of diets were observed. The fluid intake was cut to a minimum, so that for months the child actually suffered thirst. Soporifics and narcotics, ice cold baths, threats, and again whippings and promises were tried. When none of these helped, at the age of nine the child was placed in an institution for bedwetters where again the same procedures were used: thirst, special diets, and in addition, according to report, the child's genitals were frozen with chloratyl every night. The child remained in the institution for two months without showing the slightest improvement. The head physician finally declared that nothing could be done for her, but held out the hope that with

The analysis of little Hilda has unfortunately remained unfinished. But the uncompleted work with her possesses a certain degree of interest because of the cure of the symptom.

the onset of the menses the symptom would disappear. If this did not happen, it was suggested that an operation might be tried. The mother had no idea what kind of an operation could have been meant; but Hilda heard of the terrifying possibility and from that day on lived in constant dread of it.

Three months before she came to analysis, the menses appeared but the symptom as well as her anxiety increased rather than diminished. She refused to go to another doctor. She had met the onset of the menses with depression and despair. At home she was difficult to manage, stubborn and weepy; at school distractible, preoccupied and oversensitive, and lived always in constant fear that someone might find out about her disgraceful symptom. Naturally she had little success in her studies although she was obviously bright. The moment for beginning an analysis was favorable because the mother had tried everything else and put her last hope in psychoanalytic treatment.

Hilda was an only child and had never suffered want in spite of their poor lower middle class circumstances. She was always well nourished, clean and hygienically cared for. The energetic mother played the man's rôle in the family, whereas the father, who was unintelligent, rather dull and uneducated, had taken little part in the upbringing of the child.

It was only after much persuasion that Hilda consented to come and see the analyst. Her anxiety was allayed by telling her that as long as she remained under treatment we would oppose any medical intervention for her bedwetting. Out of gratitude and relief she willingly told all she knew about her symptom, which was very little. The bedwetting, she said, occurred every night without exception. She slept so soundly that it usually did not wake her up. Being waked up to urinate had not helped, as either before or afterwards the bed was always wet. She could not recall specific dreams but knew that she dreamed a great deal because she often talked in her sleep. She was often afraid, particularly when alone in the house. She felt both fear and disgust at the sight of snakes and earthworms. She became increasingly confidential and

related things about her teacher and her difficulties in school. An acquaintance of her mother's had remarked that only boys were clever enough to study. This remark had so irritated Hilda that she had made up her mind to enter the Gymnasium (high school) in spite of all obstacles, though a barely passing grade in German would make this especially difficult. Her school compositions she said "just never came out well". The last assignment was for one or more original Easter stories, and the latter are reproduced here word for word:

1. "How the Easter bunny came to have such a short little tail." Once upon a time he had a great long tail but a bad hunter came along and shot it off; and so it became just a short, little stump.

2. The father Easter bunny makes Easter eggs and complains a great deal. The mother cooks chocolate. Wutzli-Putzli, the son, is very naughty, he eats the chocolate on the sly. He is supposed to carry the eggs out but he falls down with them and they all get broken; at the same time his own little tail is broken off.

3. Inquisitive Greta listens to the Easter bunny while he is painting the eggs and talking with the biddy hen. Her brother comes along and gives her such a push that she falls into the pot of paint and gets a green nose and as she fell she hurt the bunny and his tail got broken off; and to punish her the biddy hen left her and went away with the Easter bunny.

A fourth fairy tale was only made up for fun and has nothing to do with Easter. It is very similar to *Rumpelstilzchen*, an obvious plagiarism, except that there are four little devils, and Patzli-Mur is one of the four whose business it is to lure children into the forest where they are supposed to sell their souls to the Devil.

In these fairy tales Hilda betrayed much of her secret. In the first story a wicked man is to blame for her mutilated genital. In the second she gives a faithful picture of her family, for her father does do a great deal of complaining at home and is particularly cross with her, and the industrious, hard-working mother always has to come to her defense. Nevertheless the child of the story family is severely punished for secretly eating forbidden sweets. In the accidental injury

the child has brought punishment upon himself. In the third fairy tale we learn still more about the relation of guilt to the mutilation and disgrace. Curiosity is to blame. She has observed and listened to a scene which was not intended for her and for this she is punished. Finally in the fourth is depicted a wicked devil who leads children astray.

Several weeks later Hilda related a dream which brought us even nearer to the understanding of an important item. It was as follows:

She walks along the street with the whole school. The teacher is with them. They meet some tipsy boys who kidnap Hilda and take her to a storeroom in a house, where she is to do the house-keeping for them. She behaves as if she were glad to be there, so that she is allowed to go out into the garden. Then she runs away. The next day however she returns, dressed as a girl-scout, and the boys reproach her for running away. But then she is away again in the school with the school-mistress and school-master. She reproaches them for having paid so little attention to her.

Hilda did not want to give associations to this dream. When I pressed her for particulars she merely shrugged her shoulders. Then she asked suddenly: "What is this, a cross-examination? I've read about such a thing in the paper." Following my explanation she said: "I cannot understand why these murderers and bad people give themselves away! I would simply say 'I don't know' to everything. Then they could never convict me". Now I knew why she had only shrugged her shoulders; evidently she had done something in her life about which she wished to give no information and which she intended to deny with the greatest obstinacy. However, some part of this deed must be included in the content of the dream. She was kidnapped and seduced, but it is evident from the dream that she lent herself to it, although later she blames the person in charge for not having looked after her better. Even at this point one could readily surmise that these reproaches were aimed at her parents who had left her alone when she was only three years old; and it seemed probable that

during the absence of the parents something traumatic must have occurred in Hilda's life for which she felt herself to blame.

In the following weeks Hilda gave me the opportunity to talk with her about sexual problems. The occasion was somewhat astonishing. The teacher requested the children to recite words beginning with the syllable "ver". Hilda had held up her hand and had cried out rapidly: *verliebt* (in love with), *verlobt* (engaged), *verführt* (seduced), *vergewaltigt* (raped). With me, as with the teacher, she acted as if she had no notion of the meaning of these words. The hoax was so transparent that even she could soon see through it; and this led to a discussion of what she knew about sexual matters. She made a more exaggerated attempt than do most children to pretend that she knew nothing. She insisted, of course, that she knew nothing about the difference between the sexes and finally declared: "Oh yes, I forgot, all one has to do is to X-ray babies right after birth and then one can tell". This yarn betrayed the fact that she was particularly afraid of showing too much knowledge about the genitals. It soon came out, moreover, that Hilda had seen not less than three exhibitionists and that, four years before, a carpenter had tried to handle her genitals, whereupon she had fled wildly in a panic of fright. It was not surprising therefore that she should question me in the next hour concerning the meaning and use of contraceptives and should finally ask about the significance of menstruation. Here she displayed her indignation that she was a girl and must endure such a thing, while boys had a so much better time of it.

Then came a long period of resistance in which she continually declared that she did not wish to go to Yugoslavia for her vacation. (This is the place where she had first been sick and which she had revisited almost every year in vacation time.) She gave as her reason that this year she would be unwell and that when she did not go swimming her father and uncle would know why, and that this was something she could not bear. Then her terrific anger against men burst forth. She could see no more of them, not even of her father. They

were a worthless lot, she screamed. They are said to be the strong "member" (she meant sex) of the family and the woman the weak. She refused to accept this as true, she wanted to stand up for her mother and thereby to compete with her father; but if her father reacted to this by teasing her, which he often did in the most tactless manner, Hilda wept bitterly. This reminded her of her early childhood days when she was always weepy and could not speak in any but a whiney voice.

In the meantime there had been all sorts of actual experiences. Hilda, who looked very large and mature for her age, had often been spoken to on the street. These experiences now began to multiply conspicuously. Hardly a day went by that something of the sort did not happen to her and it was perfectly clear that she provoked these incidents. In relating them to me she always spoke with the greatest indignation of the men who dared to annoy children like herself. At home, too, Hilda stirred up a conflict. In a particularly offensive manner she began to taunt her mother with all of the sexual information which she had gathered from me and a lot that she had gathered elsewhere. When the mother, who had earlier expressed her complete willingness that I should give Hilda an explanation of sexual matters, did not react to this sufficiently, she declared that she would soon give herself to a man; "there was nothing wrong in that, even though one were not married to him". In short, she did everything in her power to create a break between me and her mother and to induce her mother to remove her from a treatment which evidently had such an immoral influence. When, on a later occasion, she was addressed on the street she did not rebuff the man as she had previously done but stopped and allowed herself to be drawn into conversation. At this point it was necessary to put a stop to her provocative behavior because there was danger that it might go too far. As the significance of these reactions was not clear and since she could not as yet be reached by a direct interpretation, I declared that I was astonished at her; that I had understood that she wanted me to explain sexual matters to her because it had made her feel

insecure and uneasy to have inexact half-knowledge about so many things that really interested her; and that I had hoped by my explanations and by these talks together to give her real knowledge and to help to free her from her fear and insecurity. But, I explained, I had certainly not intended that she should try everything out immediately. The effect of this declaration was clear and as expected: I had suddenly taken on the rôle of the forbidding mother. Hilda became dejected and annoyed and withdrew herself from me. Then came the summer holidays and she left, still in resistance.

After her return in the fall it took several weeks of great effort to induce her to give vent to her anger against me. Only then, and for the first time, did she understand that she might really have any thoughts she wanted and that she could tell me all; that it was only when it came to putting them into action that she must be content to wait a little. But it was quite a while before I could dispel Hilda's suspicion that I was in league with her mother and ready to betray her; and not until then could the analysis proceed smoothly on its course.

She now filled her hours with fantasies of how it would be if I were a man physician. Finally, with great reluctance, she expressed her desire to be grown-up, to wear clothes like her mother's, to marry and to have a husband of her own. All of this she produced with the constant dread that her mother might hear of it. She was always wondering whether all girls of her age dreamed about boys or whether there was something peculiar about her. Yes, she thought, there certainly was something peculiar about her, and she was an unlucky dog, too, with this illness of hers. Sometimes, she did not know why, she had the feeling that it was her father's fault, because if she had had another father she either would not have existed at all or she would not have had this sickness. She did not know why she must always blame her father so. In general she thought very little about the illness, but if she were not cured of it by analysis her only alternative would be

to become a nun in order to avoid having anything to do with a man.

A new series of street experiences gave us the opportunity to discuss her curiosity. She felt its great intensity herself, and had often thought it might lead her into some harm. She realized that her curiosity was directed particularly toward the male genitalia, and she was conscious of her envy and anger toward men. At this time she was getting along especially badly with her father; and, according to her mother, it was not Hilda's fault alone. Her father was not well and was very irritable.

A swimming teacher, who had paid some attentions to Hilda, now began to play a great rôle in her fantasies and dreams. In one dream she meets the swimming teacher out skating. She falls down, suffers a concussion of the brain and has to be taken to the hospital where a doctor wishes to operate on her immediately. In the dream, accordingly, the meeting with the man is immediately followed by punishment. In another dream fantasy she runs away with the swimming teacher to America; she marries him and he rapes her in a field. Then she has a child, writes to her mother and comes home. But her mother is angry and malicious, persuades the man to leave her and forces them to get a divorce. She here confesses that the swimming teacher actually did lure her into a room and demanded a kiss from her; she had denied him the kiss but she realized that she had been quite willing to follow him into the room, although she knew, of course, what his intentions were. Thereupon followed a whole series of dreams in which Hilda was assaulted, usually by a foreigner, and was then punished by her mother and driven to her death. In this period her whole personality was altered and she could not look her mother or me in the eyes. I then explained to her my supposition that at some time or other she must have done something, or that something must have happened to her, which she considered very terrible, and that this was the reason she had such a fear of her mother and such a bad conscience. At this she thought immediately of the time in

Yugoslavia when she was three years old, and she began to tell about it with peculiar excitement: There had been a gypsy there whom she had loved very much; he was so picturesque, and, she added meditatively, it was just at that time that her sickness had begun. From then on she always imagined that something about her was not as it should be, that her urine and menstrual blood came out through the same opening and that this opening was larger in her than in other girls. She often had the notion that if she could have sexual intercourse with a boy some change would take place in her which would make her well. She thought of this as a kind of miracle. Her belief in the miracle that she could be cured by sexual intercourse readily led to the assumption that her symptom must have been caused by some sexual experience. At this time there was an exacerbation of the symptom; she wet the bed two or three times a night.

Again a dream carried us forward:

She has a secret with the schoolmaster. He takes her into his class to favor her. The directress learns of it and sends them both away each in a separate direction.

After telling the dream Hilda declared that she could look neither me nor her mother nor the schoolmistress in the eye, that she always had a bad conscience, as if she were concealing something; she did not know what. But in the next moment the gypsy popped into her mind again. She often found herself thinking of him and of how handsome he was. Her thoughts now were continually turning to Yugoslavia. It reminded her of the time years ago when they returned to Vienna and she was so very weepy and cranky. At that time, too, she kept thinking and thinking of Yugoslavia. Her mother had forbidden her to be with the gypsy, but she kept on going to see him just the same. And now she herself suddenly felt that something important had occurred with the gypsy at that time and if she only knew what it was she would be well. It must have been something similar to that which took place in her dream about the swimming master, she thought, and the America of her dreams was really Yugoslavia.

Vague pictures came to her mind of how she stood beside the gypsy and he played the mandolin or made tea. Hilda's fear pertained only to men, her mother and doctors; to men because the traumatic episode had occurred with a man, to her mother because she expected punishment from her for her sin, and to doctors because she could not rid herself of the idea that a doctor on examining her would discover that something was not as it should be, that something was displaced or at any rate different from that found in other girls. Then followed a whole series of dreams in which she was whipped by Krampus¹ or some other man; and when she complained about it to her mother the latter refused to listen. She transferred to me her great fear of her mother and her guilt feelings. It became exceedingly difficult for Hilda to confess things during this period. She was excited and sleepless. Finally, however, it became possible for her to talk of her masturbation. At first she discussed it only in the past. She remembered having "played" with herself when she was only three years old. With a little girl friend she used to play a game of "doctor" in a lonely shed: one child was sick and had to be operated upon, while the other was the doctor who with a stick for the knife tickled the other's genitalia. Immediately the question occurred to her whether she might not have injured herself at that time.

We now see what part the fear of the doctor and the fantasy of injury played in Hilda's life. For her every physician was the man with the dangerous penis who would inflict on her the same trauma she thought she had once experienced. To this we must add her fantasy that she would be cured if she could experience the same trauma again. Later she reported a masturbation fantasy in which she is kidnapped but catches cold in the process and is brought to a doctor. He taps her all over, even on the genitals. To this fantasy belonged also her idea of me as a man doctor, as mentioned above. She had

¹ Krampus is a character of Austrian folklore, who looks like a devil and always carries a bundle of switches. He comes on December 6, as a forewarning to children to be good, so that they will receive presents at Christmas. He is, however, associated with St. Nikolo, who also comes on December 6 with presents of sweets and goodies.

often had the thought that she could marry only a doctor who already knew about her illness. The physician in the institution for bed wetters was so very dark that he reminded her of the gypsy. She felt that if I were a man her fear and shame would be greater, but that she could get well faster. Here we might supplement her manifest thought with the latent idea: "If the analyst would repeat the trauma with me". Hilda's masturbation was vaginal, which from the very outset made a seduction seem highly probable. She had always believed that the opening in which she masturbated was the one from which the urine flowed. She could clearly remember having "played" in this way even at the age of three; but at that time she was constantly in dread of hurting herself. At this point it was explained to Hilda that children of that age do not learn to masturbate in that way by themselves and that someone must have showed her how. At first Hilda was extremely angry with me over this conjecture and wished to think no more about the subject; but she soon confessed that the gypsy had immediately occurred to her, along with a clear picture of herself sitting with him in a dark room. During the night following this session she dreamed the most significant dream of the analysis:

1. She is very small, has only a shirt on, and turns somersaults. The gypsy makes great fun of her.
2. Her mother is so angry with her that she forces her to become sick again, after I have secretly made her well.

This much now was clear: the gypsy had enticed her into a dark room where he had made her show him her genitalia and then laughed at her. This had made her feel ashamed of her lack of a penis. *After this dream the bed wetting stopped for three consecutive days for the first time in ten years.*

Hilda then began to question her grandmother, who was now in Vienna, regarding her early experiences with the gypsy. The grandmother could only remember how peculiar it had been that at first she had loved the gypsy so much that no one could keep her away from him and that suddenly one day she did not want to go near him again.

Presently there came up an apparent recollection that the grandmother had sent her to fetch something one evening; on

the way a man had shown her his penis, had played with it, and made her promise to do the same. We could not be sure whether this man was the gypsy or someone else, and whether the whole affair was a recollection or a fantasy. In the meantime the symptom had returned, but it seemed to have lost strength and no longer recurred regularly every night.

At this point in the treatment there appeared a most intense envy of me and her mother: her mother had everything that she was not allowed to have, and Hilda begrudged her all of this. Her mother did not permit her the things that she herself had and did, including sexual things. The envy and jealousy which showed themselves so plainly in her dreams gave rise to rage. With men also, however, she again became angry. Fantasies soon followed to the effect that she, too, had a penis, but that this had been taken from her as a punishment, just as from the unfortunate bunnies in the Easter stories. Thereupon she began to have real anxiety attacks at night which came on every time she wanted to get out of bed to use the chamber.

Hilda had always slept in her parents' bedroom. As we discussed this situation I was given more material about the father who until now had appeared in her accounts only as a tormentor and disturber of the peace. The father was known to have been unfaithful to the mother on two occasions, and had had a mistress. Both times the mother had wanted to divorce him. Accordingly, whenever the father was in a particularly bad temper, as frequently happened at this time, Hilda feared a repetition of the earlier situation. She felt that she could not bear it if her mother obtained a divorce, which brought her to the realization that she must love her father much more than she had allowed herself to believe. She remembered how as a very little girl she had made up to him and always wanted him to be just as loving with her as with her mother. At the same time she had always been afraid of him. She had never wanted to lie beside him in bed, probably because her experience with the gypsy had already taught her that a man could be very nice at first and then suddenly do something frightening to her. After this session her nocturnal anxiety diminished; and she also protected herself from the

dangers of the real world and had no further experiences with men on the street. In school she became a bold and unruly tomboy and fantasied how it would be if she were a young man making love to the girls. She reiterated that she herself wished to have nothing to do with boys, that her fear of them was much too great. Her rejection of men and her anxiety always roused her to a pitch of fury.

At this point the analysis was interrupted by the mother's long illness, during which Hilda was needed at home. When she returned, she again spoke of her worries about masturbation. The girls at school discussed it and believed that from it one "could get a sexual disease". Hilda also thought that her malady as well was a "sexual disease". She could not rid herself of the idea that she had injured herself and had stretched or torn her genital opening, and that a doctor could discover this. With each recurrence of the notion that a man might have done this to her she developed an anxiety attack.

At this point a dream occurred which showed plainly that Hilda made the gypsy responsible for the loss of her male genital, and it seemed likely that the gypsy had used threats to prevent her from betraying him. After this experience she had become timid and fearful and always ran away from gypsies. Moreover, Hilda claimed that her peculiar illness at that time had been caused by the experience. Again she expressed the conviction that she would not be well until she had been made sick again in the same way. Now it became possible to interpret this fantasy. First the gypsy had done something to her, in the course of which he had taken away her penis, which caused her to fall ill. Now she wished to have another man do the same thing with her, so that this time she could take his penis away from him, win it back for herself, and so become well again. *After this interpretation the urge to make the acquaintance of men, which had been so strong in Hilda and had seemed so dangerous, receded into the background.* The boldness, aggressiveness and belligerency which had accompanied this urge disappeared and gave place to fear and embarrassment with men. Simultaneously she developed a pronounced feeling of guilt towards women. She

hoped the gypsy had not been a married man; for then her sin was grave indeed, she had been guilty of adultery. Her fear of me returned. She felt that if I really found out about everything I might suddenly punish her after all. Indeed she mobilized her teacher and her priest against the analysis, but then went on to express her own doubts about religion, saying particularly that she had never been able to believe in the Immaculate Conception. As she said this she suddenly remembered that she was menstruating and recalled her great fear at its first occurrence. She had been given detailed information by her schoolmates, but as soon as she had noticed the menstrual blood she became afraid that her mother would perceive at last that she had injured herself by masturbating or that somebody else had harmed her. She had tried to behave as if she knew nothing about it, but when her mother expressed regret that she should have begun so young, she had quickly burst out with: "The other children were only eleven years old when it came!" She had hoped that this remark would avert suspicion from herself. She began then to question the analyst anxiously about the hymen, its position and significance, again with fear that hers might have been injured. Then suddenly came the image of the gypsy enticing her to go with him with promises to show her something nice; and it was his penis that he showed her. Nevertheless to this day she had retained the idea that men had two penises, a short fat one for urinating and a big long one for the women. From this fantasy it was easy to make clear to Hilda that she must have known about erection. This interpretation led to a discussion of her fear of snakes and worms, whereupon the fear wholly disappeared.

Then followed fantasies and dreams, hinting that the gypsy had poisoned her with spermatozoa and that this was why she had vomited so much during her early illness. At the same time she became fearful again lest her mother should discover all her misdeeds. Simultaneously however she also felt anger against her mother and against the analyst to whom everything was allowed that was forbidden to her.

At this point it became necessary for Hilda to have a medical

examination because of constant colds. She submitted to the examination unaccompanied by mother without the slightest fear, whereas ordinarily in the presence of her mother she had had to play the part of the anxious little child. In the absence of her mother she agreed to the doctor's advice to have her adenoids removed and she actually put this through. She had lost her fear of doctors and operations.

It became possible for her to reconstruct the traumatic experience she had suffered: The gypsy had lured her into his room where, at his request, she had exhibited her skill in turning somersaults, thereby exposing herself. She had interpreted his laughter as mockery. He had shown her his penis and had made her touch it and then had played with her genitalia. It was at this moment, she thought, that she had developed the idea that with so defective a genital it would be impossible to control her urine, so that it must always flow out against her will.

Unfortunately by this time Hilda's mother had become prematurely satisfied with the success of the treatment. The school difficulties were removed, so that she had been promoted from the grammar school to high school. Slight bedwetting occurred now and then but stopped completely after the next vacation. The mother, therefore, removed the child from treatment, so that the analysis was incomplete. It was impossible to analyze either the masturbation with its related fantasies, or the œdipus situation. The precœdipal processes, which in this case must have played a particularly important rôle, remained wholly unilluminated. Nevertheless the symptom could be dissipated by what was probably only a partial clarification of the history of a traumatic scene. In the three years which have elapsed since the termination of the analysis, the symptom has never reappeared. To this extent the treatment has been successful. However, Hilda shows a lability of mood, an oscillation between depression and gaiety, between timidity and effrontery, which is entirely beyond that usually seen at puberty.

Translated by MARIAN C. PUTNAM

EXCERPT FROM THE ANALYSIS OF A DOG PHOBIA

BY EDITH STERBA (VIENNA)

At a certain period in their development, nearly all children show a transitory fear of one animal or another. Many of these fears are overlooked because they cause slight disturbance, or they are treated lightly and quieted in the usual way. Often they disappear spontaneously—are “outgrown” without any disturbing recurrence. It is only when a child’s fear of certain animals radically disturbs its relationship to its environment that a psychotherapeutic treatment is resorted to; as, for example, when its fear prevents it from leaving the house or imposes some other more subtle limitation on its psychic freedom.

In Totem and Taboo Freud explains why it is that animals can so easily become objects of childish fear:

“The relation of the child to animals has much in common with that of primitive man. The child does not yet show any trace of the pride which afterwards moves the civilized adult man to set a sharp dividing line between his own nature and that of all other animals. The child unhesitatingly attributes full equality to animals; it probably feels itself more closely related to the animal, in the freedom with which it acknowledges its needs, than to the undoubtedly mysterious adult.

Not infrequently a curious disturbance manifests itself in this excellent understanding between child and animal. The child suddenly begins to fear a certain animal species and to protect itself against seeing or touching any individual of this species. There results the clinical picture of an animal phobia, which is one of the most frequent among the psychoneurotic diseases of this age and perhaps the earliest form of such an ailment. The phobia is as a rule expressed towards animals for which the child has until then shown the live-

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liest interest, and has nothing to do with the individual animal. In cities, the choice of animals which can become the object of phobia is not great. They are horses, dogs, cats, more seldom birds, and strikingly often very small animals like bugs and butterflies. Sometimes animals which are known to the child only from picture books and fairy stories become objects of the senseless and inordinate anxiety which is manifested in these phobias. It is seldom possible to learn the manner in which such an unusual choice of anxiety has been brought about."

We know from the classic analyses of two infantile animal phobias (Analysis of a Phobia in a Five-Year-Old Boy and From the History of an Infantile Neurosis, Freud's *Collected Papers* III) that the essential feature of this illness is displacement of the child's fear from a person important in its emotional life onto some animal, selected by the child according to individual circumstances. That is, the animal becomes a *substitute* for the feared person. We know also that libidinal strivings, as well as feelings of hate toward the feared object, are transferred in this displacement. The relationship to the feared animal is thus an ambivalent one. The animal phobia has a great advantage over the original fear, because its mechanism, with appropriate behavior, permits a complete avoidance of fear. If only the child can succeed in keeping out of the way of the feared animal, it is free from anxiety; the fear is banished, and can reappear only when the child leaves the protected domain and enters the danger zone in the vicinity of the dreaded animal. The child has found a means of avoiding anxiety. This is the great advantage of the displacement of fear onto an animal: it is relatively easy to keep out of the way of the feared animal, but the feared person is usually hard to avoid, living as he or she usually does in the same house with the child.

In reporting the following excerpt from the analysis of a dog phobia, it is my purpose to illustrate the theory of infantile phobia with clinical material. But perhaps this report will serve also to delineate more sharply the clinical picture, as we

know it, of childhood anxiety and animal phobia. One may expect that the analysis of a dog phobia in a little girl will reveal a number of mechanisms in the development and avoidance of anxiety in the female child; but the conversion, during the analysis, of the animal phobia into another form of childhood neurosis is a point of special interest in this case.

Deli was seven and a half years when she was brought to me in the consultation clinic (*Erziehungsberatung*) for an unusually severe dog phobia. She came from a typically lower middle class home. The family consisted of the father, who owned a small store, the mother who kept the house and helped in the store, and of Deli and her sister Eva, one year younger. The father was a good-natured, simple man of somewhat limited intelligence, who worked hard in his store all week and was with his family only on Sundays. His whole thought was for his family. He loved the children tenderly, and doubtless spoke the truth when he said that he was never severe with them, that his married life was happy, and that he had no disagreement in opinion with his wife in bringing up the children. The mother was more intelligent and better educated than the father, and perhaps also more energetic. She, too, loved the children dearly, devoted herself entirely to them and, as she herself thought, was probably not strict enough with them. She was always planning little surprises and unexpected pleasures for them. She made all of their clothes, and kept them exceedingly neat and clean. In short, she really appeared to be a model mother.

Deli and Eva enjoyed considerable freedom. They went alone to school, were allowed to play for long periods in the park, went for long walks with their parents every Sunday, and attended moving picture and theatrical performances suitable for children. The mother states that she had had no difficulty in bringing them up, that they were both very good children, obedient, with good dispositions, and very easily managed. They never quarreled, always played together, and were very fond of each other. The mother had nothing unusual to

report about Deli's infancy and early childhood. It was so easy to train her in habits of cleanliness that the mother's troubles in this regard were over at the time of the little sister's birth when Deli was only a year old.

When she came to see me little Deli was a vigorous, well-developed child, perhaps a little too short and thickset for her age. She looked healthy, had plump red cheeks and thick black hair. She wore glasses for near-sightedness. Because she did not hear very well as a result of having had two severe middle ear infections, she sometimes held her head a little forward, straining to hear conversations, whereby her whole little person with her big, round, black eyes, her thick black curly hair and her friendly smile, took on a somewhat comically grotesque appearance. Her intelligence was average. She was not very vivacious; she gave one rather an impression of quiet and placidity.

Deli had had measles two months before coming to the consultation clinic. She had been very ill, had had a severe bilateral middle ear infection and such a severe digestive disturbance that she had been given an enema daily for six weeks, because the doctor had said all strain in connection with bowel movements must be prevented. The little girl was at first said to have accepted the enemas without any significant reaction, but it was learned that she had been very much afraid of soiling her bed in the process and that she had been acutely distressed when she could not retain the enema sufficiently long. She had been a little afraid of dogs for some time before the illness, but it had attracted no special attention. When, however, she had recovered from the measles, her fear of dogs became so great that she hardly dared to leave the house. She went out only when accompanied by her mother, refused to go to school with her little sister, and cried and screamed whenever she saw a dog even at a distance; she would seize hold of her mother convulsively and, yelling at the top of her voice, circle around her until the dog had disappeared. The park was intolerable to her. While her sister played with other chil-

dren, Deli sat stiffly beside her mother on a bench, trembling with fear, and whenever a dog appeared she began to scream in such anguish that everyone came running to the spot. The dog phobia had a very unfavorable effect on her school work; she was so paralyzed with fear on her way to school that it took her a long time in school to recover and regain her composure. Her teacher said it would be impossible to promote her to the next grade, because she had failed so completely in her work since her illness, that she no longer knew even the simplest things, in addition to having missed much school work during the period of her illness.

Deli's mother could not exactly fix the date of onset of the dog phobia. She could not remember that Deli had ever been bitten or especially frightened by a dog. In the course of our conversations she recalled that one Sunday morning when Deli was three and a half years old she accompanied her father to the grocer's when he went for milk. Someone was there with a big police dog, and while the father was making his purchase the little girl tried to pet the dog. The dog responded playfully by taking her hand in his mouth, and when her father, glancing around, saw the child's hand in the dog's mouth, he was terribly frightened and cried out, "Take your hand away!" Then he scolded her severely, though his cry of alarm alone had greatly frightened her. The mother, too, was greatly distressed when she heard about it. She reproached the father bitterly for not having taken better care of the child, and she elaborated vividly the dreadful consequences that would have followed—the crippling of their child—had the dog bitten off her hand.

In coming now to the report of the analysis, it is to be noted that the material is incomplete, because only such material has been selected as seemed essential for the comprehension of the origin and treatment of the dog phobia.

Deli gave me her confidence the very first time she came to conference. She greeted me in a friendly manner, and when

asked why she had come she said, "I have come because I am so awfully afraid of dogs, and you will take away my fear of dogs, won't you!"

Later when she came for treatment, she was at first a little timid, but felt at home very quickly. I told her repeatedly that she could play any game she chose and in the third hour she suddenly asked very earnestly, "Can I really play anything I want to, and will you really not tell anyone?" I promised her my complete confidence; then she came close to me and whispered softly in my ear, "Shall we play tube, too?" Then she dropped the subject quickly and it was not until some days later that I learned what kind of a game it was.

She came punctually every day, and always wanted to tell about her fear of dogs. She was so possessed by this fear that when she came in from the street breathless and trembling she could think of nothing else, and it seemed natural for her to keep on talking about it. One day she suggested that she show me *how* she was afraid of dogs, "so that you can understand better *why* I am so much afraid". I had to play the dog. She ran away from me actually crying and screaming and kept circling around me. I noticed that she always faced me—tried to keep her back turned from me. I interrupted this exciting play to ask her what she was afraid might happen to her from behind. She continued to cry and blurted out anxiously between sobs, "The dog could peck me." She went on to explain that "he could stick his snout in and bite something off". Then she regretted that her emotions had run away with her, causing her to say too much, and added, "I really meant to say that he could sniff at me behind and smell me the way all dogs do."

One day when we were playing with little dolls—Deli always played that they were sick—I learned the "tube-game". She ordered me to give one of the dolls, named after herself, an irrigation with a fountain pen filler: to stick the "tube" into her. I pretended not to have any idea how to do it. She told me what I must do with the tube, but she herself remained passive, looking on with anxious countenance and repeating,

"Be careful not to hurt the child". I had to repeat this play countless times. She would look on quietly without participating, watching to see what I would say, and whether or not I would censure the game. "Doctor" had to be played, too, and once Deli ordered me to "—examine the children on their behinds, to see if something isn't wrong with them there". This demand had no sooner slipped out than she was alarmed, and said, "Let's play 'visiting auntie' instead."

I asked Deli how she knew so much about inserting tubes, and this prompted a detailed discussion of her sickness with measles, during which she told me about the numerous enemas her mother had given her. She stated that she did not object to the enemas, as her mother had already told me, and that she never resisted when they were given. As she told me this she always stressed the remark her mother made whenever she gave an enema, "We have to do this because you are sick". Thus one sees that she was not without considerable feelings of guilt, as her behavior in the "tube game" showed, and that she knew full well that this forbidden pleasure was permitted only under certain conditions.

The fear of dogs continued undiminished. In the analytic hour Deli kept watching to see if I really¹ and unconditionally permitted the "tube game", if I myself played it without any feeling of guilt. After she had convinced herself over and over again that I actually had no objection to the game, and was always ready to play it, she asked me one day if I would let her play it. My permission was an evident relief to her, and she began at once to transform her passive watching into activity. Although at this period of the treatment I myself had no way of knowing what significance it had for her that I should permit this game and play it myself, I showed my readiness to play and to let her play it as often as she liked because of my feeling that her anxiety was thereby diminished.

Deli herself now began to play tube. What she did was to push the tube (the fountain-pen filler) against the little doll's

¹ It was especially important, as will later be seen, that the game was *really* allowed by me.

anal region, repeating this over and over again, and breathing heavily in evident sexual excitement. Her extraordinary behavior left no doubt about the sexual nature of her excitement. A little later she played dog, and went chasing after me. I had to run away from her screaming with fright as she pursued me, and the more I seemed to be afraid, the greater was her pleasure, the harder she gave chase, the more jubilantly she exulted in the play. Then I gave her an interpretation of one layer of her passive and active tube play by pointing out to her that she would like to have the tube inserted into herself, and was afraid because she knew these wishes were forbidden. She accepted this interpretation and understood it, too, for she assured me a little later, "I don't mind dogs any more". Her fear of dogs was actually greatly diminished at this time. She did not trust herself alone on the street, to be sure, but she no longer circled around to protect her back, nor did she cry and scream at every dog's approach.

It was not long before I learned the fantasies accompanying her active "tube play". "I'll keep pushing the tube into the dog until he is dead; then I don't have to be afraid any more." Believing me to be incredulous about the possibility of the execution of this plan, she declared: "That certainly can happen. I once saw a man in our front hall, who kept doing it to a dog until the dog was dead."

It became evident that she wanted to play the boy in every game. During the hour with me she tucked her dress inside her bloomers so that she would look like a boy, she laughed and romped, was free and aggressive—in short, she behaved like a real tom-boy. Naturally in connection with this play we came to speak about the difference between boys and girls. She denied that there was any difference, and repeated emphatically, "You must believe me: there's really no difference except the clothes." A drawing, however, betrayed the fact that she knew that boys stood up to urinate. I pointed this out to her, and she asserted positively and insolently that she could do it too but did not because she found it improper.

Deli was now happy and free from anxiety. She had nothing

more to fear from dogs, she herself did the very things she had been afraid of, and she identified herself with the individual who inserted the tube for others. It seemed entirely credible when she proudly announced shortly before summer vacation that she had made an excursion alone with her father, and had not been afraid of dogs at all.¹ The mother reported that the child's relationship with her father had changed completely. It was intolerable, she said, for Deli to treat her father like a companion of her own age, to be saucy with him, make him sing her college songs, and to try even to be coarse and vulgar with him in ways she must have picked up from rowdy boys on the street. Neither was Deli on very good terms with her mother at this time; she did not need her any longer as protector against dogs, and the mother felt herself rather repelled by the child, abashed and humiliated as she constantly was by Deli's wild and rude behavior.

This was the situation when Deli left for her summer vacation in a small village with her mother, her sister, and a maid named Steffi. She was said to have had a good time, although she had another middle ear infection while there. She played and went swimming frequently with boys and girls of her age.

When I saw Deli again in Autumn I was alarmed at the change that summer had wrought in her. It was a different child who walked into my office. She stood before me a pale, sad, silent little girl, her brow wrinkled with worry, her speech low and indistinct. All her playfulness, all her free and unrestrained behavior of the early summer were gone, as if evaporated. She wanted neither to talk, nor to play. She was not in the least afraid of dogs, but she seemed so pre-occupied that she was scarcely aware of the world around her. At first thought it was the repetition of her school work that was depressing her, since she was industrious and ambitious, but I soon had to admit that school and lessons, too, were practically devoid of interest for her. The mother reported that her school work was very poor. Although she was repeating the work of the previous year, the teacher said she was doing

¹ The treatment up to this time had lasted exactly two months.

worse than in the preceding year. She paid absolutely no attention. Most astonishing was her total inability to do arithmetic any more. She seemed to have lost completely her understanding for the relationship of numbers.

Together we looked over the toys I kept on hand. Without hesitation Deli replaced in the cupboard the dolls with which we had always played "tube". When I asked why she did not want to play with them, she said very solemnly and positively, "I don't play tube any more: it isn't right; it's improper." A reproof to the analyst for allowing such games, and for playing them herself, was clearly discernible in the tone and deliverance of this response. The material which follows shows her sternness in rejecting everything forbidden and the relentless demands of her conscience. Only much later was I able to confirm my assumption about the events which had effected such a fundamental change in the patient.

We again played games of Deli's invention, wherein we were two good little girls. The games were an extremely monotonous and boring repetition of her daily activity and experience. The subject of school was entirely omitted. In the faithful repetition and the painful constraint with which Deli clung to every detail the obsessional character of her thinking at this time was particularly obvious. In these games she wanted to show me how nice little girls should behave. Another reason for her morbid attachment to them was to circumvent any other play or topic. I tried to interrupt this compulsive playing with some occasional variations of my own. At first she ignored my interpolations, but when I persevered she finally took cognizance of my suggestions. Finally she answered a question I had repeatedly put to her: how do little girls come into the world? She answered in a reproachful tone, "The stork brings them, of course." My doubts about the stork's mission served only to strengthen her determination to show me that she was a good girl and was not to be involved in a discussion of this forbidden subject. It was very difficult to explain to her her resistance, and even harder to make her aware of the fear which was preventing her from talking freely. But the ice was broken at last.

In a fantasy she revealed her thoughts about the stork. She related: "I have made up a story in which we are both children whom the stork has just brought. We both ride on storks to America. The storks begin to scuffle on the way, and one climbs up on the other from behind." In the drawing with which she illustrated her fantasy, her unconscious betrayed itself. The storks had four legs: they were dogs. Climbing on one another from behind was, of course, what she had seen dogs doing on the street, and she had described it to me once with the words: "I saw dogs scuffling on the street again". It is particularly interesting that this fantasy, originally intended to prove to me her belief in the stork fairy-tale, really betrayed her knowledge of the origin of children.

The interpretation and discussion of this fantasy restored her confidence. She began to tell me about her school difficulties, complained that she could not do numbers any more, and on my insistent questioning about the troublesome thoughts which were keeping her so still and pensive, she finally admitted: "I keep having to think about dying and the cemetery." The end of October having arrived, there was talk at school of All Souls Day or The Feast of the Dead (Halloween). Her mother came to me in despair because Deli arrived home from school in such excitement that she could not eat any lunch. Then Deli told me that she was afraid of dying. Some school mate had had scarlet fever; she was afraid she would catch it, and she thought it was always fatal. But she was not only anxious about her own life; she was also obsessed with fears that her mother might die: "Once when mother was cross with me, she said, 'I have such a lot of worry with you children, it will be the death of me one day'. Since then I've been afraid she'd die." Deli had no sooner admitted this anxiety than she began to weep bitterly; she clasped her hands and cried out, "But please, Doctor S., *you* won't die, will you!" She was beside herself with fear. I discussed this in detail with her, and she informed me then that all summer long she had been afraid her mother might die.

After the foregoing admissions Deli began to come out of herself again, so I suggested that we play school because I

wanted to bring her school difficulties into the treatment. In order to learn as much as possible about her, I myself assumed the rôle of a child who does poorly in school. She was thrilled with this game and took keen delight in playing the rôle of a disciplinary, overstrict teacher. I was overwhelmed with punishment, was given not only fives¹ for my marks, but even sevens and nines. Deli was suddenly able to recognize and correct mistakes in complicated arithmetical problems, and it became evident, with the frequent repetition of this game, that she knew everything that had been taught in her class. She soon became aware of my device. Once she interrupted herself in the midst of giving severe punishment to the lazy school child to say, "But you are doing this all on purpose just to examine me and to find out what I am thinking". This led to a discussion about her difficulties with arithmetic to which she responded readily: "We must discuss *why* I can't do arithmetic." Knowing why she could not do arithmetic, I reminded her that she had to keep thinking about the cemetery, and asked her if these thoughts did not disturb her while she figured her problems. She was greatly disquieted, struggled to keep back her tears, and then confessed, "I often have to wonder whether my teacher won't die soon, too; *how long* she will go on living." At this point I could make it understandable to her that anything having to do with numbers aroused in her thoughts of death and wishes hidden behind those thoughts, and that the reason she could not do arithmetic was because the numbers were related to her calculations of the length of life. We discussed this in detail. She was greatly pleased, and said a little later, "Now we know why I can't do figures, because I have to keep thinking about dying, and now I can *really* play." After brief consideration she continued, "Now we still have to find out *why* that keeps coming into my mind, and also why I always have to think about the tube game!" These words made it apparent that she harbored evil wishes against those in authority who had forbidden her to play the tube game, and that she still had to keep thinking

¹ Below passing.

about it. I suspected that playing the tube game in the analysis represented the repetition of some action which Deli had actually performed, or at least attempted to perform. I explained to her the connection between her death thoughts and the tube game, and asked her to tell me about the time that she had *really* played tube. She flew into a rage and demanded, "How did you know that?" When I had quieted her and made the way clear for her confession, she related the following: "I laid Eva down in an armchair and wanted to stick the tube into her, as my mother had always done for me. But Eva didn't like it; she cried and Mama came, and was very angry and said I couldn't do that any more." I learned that this had happened during her convalescence from measles, that is, before her fear of dogs had become so unbearable.

A play fantasy at Krampus time brought additional evidence to show what it was that Deli was afraid of when she played the forbidden tube game, and what this game really signified. She was playing with chess-men. She took a white one and a black one. The white one was "—sad and dreadfully unhappy; she always has to think about dying, and is very much afraid because she played tube with the black one. The black one is a devil who stuck the tube into her, and there was a claw on the tube and that injured the white one. She has a big hole and will have to die". The word injured (*verletzt*) is taken from the vocabulary of Deli's mother, who has always talked to the children in an affected literary style. She told me that in her horror at Deli's attempt to put the irrigation tube into her sister, she had said to Deli, "You could injure your sister so severely with the tube that she might even die." It was certainly significant that the mother had completely forgotten (repressed) this scene, and was reminded of it only by my questioning, although at the time she was very angry and excited.

The chess-men fantasy shows the symbolic personification of Good and Evil in the form of the white and black chess-men. It reveals, too, the internal change which had taken place in the child after the disappearance of the fear of dogs. Pre-

viciously she had been black and wicked, a devil who played tube; now she was white, good and sad, and from fear of her wicked wishes against others she must always have it on her mind that the same thing could happen to her that she wanted to do to her little sister. The "injury by the claw" betrays the punishment which she feared for herself because she had wanted to put the tube into her sister. That is, she partially identified herself with her little sister, and in this sense the white chess-man represents also the passive and anxiety-stricken part of her personality. The black chess-man, the devil, represents the father, whose rôle Deli had taken over before the summer holidays, during the active period of her playing tube, thus making possible the mastery of her dog phobia at that time.

The interpretation and working through of this material brought a decisive change in the analysis. Deli became conspicuously freer, and more active and aggressive. But before she revealed the content of her wicked wishes which had already been heralded in her playing school with me, there reappeared a theme which had already been introduced before the summer holiday. She began again to stuff her frock inside her bloomers and play the boy. I insisted that we discuss the difference between the sexes, and she finally admitted that during the summer she had often seen a little boy swimming naked. "He had a sort of little tail in back." In answer to my question, whether she was not thinking of dogs, she corrected herself, saying dejectedly, "Well, sort of between the front and back, but still more in back." It was interesting to see how steadfastly she clung to her idea that the boy had a little tail behind, because of her wish to have boys resemble dogs, and because the female as well as the male dog has a tail in back. In her identification with the dog in the tube game, she had found a way to overlook the difference between the sexes. When I had brought her to understand that she was evading the truth she unwillingly admitted the difference between herself and the boy, but she went right on to declare that the little tail was indecent, that she did not

want to hear anything about it, and that I should not mention such things. A few minutes later she said, "Perhaps you would like to know what Steffi (the servant girl) said?" I said I would. "She told me that he had a little tail, but that I didn't have one and would never get one." These were Deli's own thoughts put into Steffi's mouth, but even so she still did not fully accept the fact of having no penis, as became clear a little later.

Cruel and pitiless fantasies made their appearance at this point in our games. Devil and Krampus had to be played over and over again. The rôle of these two characters, who punish children, beat them, enchain them, etc., was played by Deli. Once she said suddenly, "We can play it this way, too! Mamma is little, like a child. We bind her with 100,000 yards of cord and the same amount of string besides. Then the devil carries her off through the air and she is burned in her sleep." She rejoiced in acting this out, revelled in the cruelty and mercilessness, and invented new punishments. She met my amazement with the explanation, "But the devil is severe; his punishments *are* very hard". Her answer to my question as to why her mother deserved such severe punishment, was very revealing: "She hit Steffi because Steffi told Eva something which was forbidden." I assumed that Deli was identifying herself with the servant girl, and I understood what having the mother punished in such a way for her chastisement of the servant-girl meant. Since Deli herself was the Devil, it was evident that the mother was punished for her prohibitions and for her failure to provide the child with a penis. For a better understanding of the symbolic significance of this play I must add something about her characterization of the Devil. He was represented by a wooden Krampus with a long tail of wooden beads, which I had given her; that is, the Devil was possessed of an exquisitely male attribute.

In the course of this sadistic play, the white chess-man was subjected to insertion of the famous tube. "Look, how much she enjoys it!" she cried, "But you will soon see what happens to her." And then it was the chess-man's turn to be

beaten by the wooden Krampus. Deli endeavored to win my coöperation in acting out her beating fantasies, just as she had in the tube game at the beginning of the analysis; she invited my help with the repeated assurance, "I used to know a child who always had to think about playing tube and dying, and once she was given a hard whipping, which made her all well".

The interpretation and discussion of these fantasies made Deli rebellious and stubborn. She did not want to play with the wooden Krampus any more: his tail might break off because it was so long and thick. At the same time, she was asserting that she had a little tail like the boy whom she had seen swimming during the summer. "Only mine is further back," she said. She told me also that she had seen her mother in her night gown. "She didn't have any little tail, but I didn't say anything about it to her, not to hurt her feelings." She would not listen to my explanation that all of her remarks really referred to her, and she protested very angrily, "It hasn't any thing to do with me at all".

She now disclosed another important event which had occurred during the summer. She confessed that she had wanted really to play tube once again. When her little sister was taking her afternoon nap, Deli had wanted to stick her finger in Eva's anus. Eva's resistance called the mother's attention to the situation. She was horrified, and threatened to give Deli away; not to keep her at home any longer.¹ Deli said she had been greatly disturbed by the mother's interference. She repeated over and over again, "At first I was angry at my mother, but then I kept thinking: she will really give me away." The mother did not much want to talk about this incident. She said simply that she had not been as severe in putting a stop to the play as the child's reaction would indicate, for after this prohibition Deli had become a much better and more obedient child.

There followed a very barren period in the analysis. I had always to invent new games, or read books with her. She

¹ Later I learned that the mother had made this same threat once before.

assured me, she was thinking neither about playing tube nor about dying. But one day, as we were looking at a book of animal stories, she called triumphantly, "Do you know, for a long time I have been awfully afraid of dogs again!" She knew exactly why she had this fear again, but she did not want to say why. On my urging her, she finally related the following: "I will tell you a story of the behind¹ (*Popogesichte*), that nobody knows. A long time ago when I was very little, I often stuck my hands in my behind, first the right one and then the left, and shoved them up and down. Mamma wanted to know why I groaned so, and then I whispered it to her. Then she said, I mustn't put my hand there; I might get sick if I did. But I thought it really couldn't make any difference, and put my hand there again. My mother asked me again why I put my hand there, and told me that if I ever did it again she would put me out of the house. Then I was terribly afraid and begged her to keep me; I wouldn't ever do it again." It was during this time I learned from the mother that the experience with the police dog occurred.

When I tried to find out something about her current fantasies at this time, she was very much on the defensive. "Why should I tell you that now? I told you such a lot the very first time, about my fears and about the tube game." Her strongest resistance to communicating her fantasies developed around the subject of masturbation. At this point, I should like to call attention to a peculiarity in all of Deli's communications in the analysis.

Mrs. Burlingham has shown in an article entitled *The Urge to Tell and the Compulsion to Confess (Mitteilungsdrang und Gedächtniszwang)*² that behind the urge of children to tell things, so often misunderstood by adults, lies a libidinal relationship to the individual chosen as the recipient of the child's confidence. The strikingly impulsive way, for example, in which Deli told me about the tube game at the very beginning of the treatment seemed to me to be an expression of the trans-

¹ Behind (*Popo*) was Deli's designation for her vagina.

² Read before the Vienna Psa. Society, Dec. 12, 1933.

ference of her libidinal relationship from her mother to me, and this became clearer later on in her insistence on my participation in the play. Similarly, from the way in which she told her mother about her masturbation it was evident that the information was intended as a libidinal wooing.

A dream from which Deli awoke screaming with fear, so that her mother had to take her into her bed to quiet her, carried us once again into the midst of her problems:

"A wolf was in the room, then a big white man came and seized hold of me and wanted to throw me out the window."

She told me in explanation, that the wolf would come to the house only on Sunday (the dream was in the night between Saturday and Sunday), because he was locked up all week and let out only on Sunday. The wolf, like her father, is free only on Sunday, and in the dream her father in his nightshirt takes the wolf's place. It was also evident that the dream was connected with observations in the parental bedroom when she said, "I looked out of the window when the wolf wanted to throw me out. It had a grating". The crib evidently had sides with bars through which Deli looked out to watch what was taking place. It was apparent from this dream that Deli interpreted what she saw taking place between the parents as a sadistic act. In the dream she suffers from her father what she would like in her sadistic fantasies to do to her mother.

Following this dream I gave Deli some explanations about intercourse and we came to speak of the father's rôle in the reproductive process. She was particularly interested in the question of "how the man put the seed inside". I had to explain it to her repeatedly, because it was so hard for her to acknowledge that "only men can do it". She said, for instance, "It is true, isn't it, that only men can put the seed inside because they are so much bigger and stronger than women." Her father was unusually tall and really looked like a giant beside his little girl. "If I were a dog, then could I put the seed in?" For, as Deli explained, it is not so easy to see whether a dog is male or female, and she thought that maybe as a dog one could take over the man's rôle.

She had often watched dogs cohabiting, described her observations clearly, and demonstrated to me how dogs jump up on each other and "scuffle", as she called it. She had already given us an inkling of this in her stork fantasy.

In spite of her assurance that she was not at all afraid of dogs jumping up on each other and did not have to avoid meeting them, and that she really went alone on the street, the last remnant of her dog fear was not removed until the analysis had solved her masturbation anxiety; until Deli understood that her particular fear of dogs "pecking" had been so great because the experience with the police dog had coincided in time with the prohibition of masturbation.

Interpretation alone was not enough to do away with Deli's fear that her mother might give her away because of "putting her hand in her behind". She demanded that her mother should literally rescind all the threats she had uttered; that is, she insisted that the menaces which had had an influence in making her so sick should be countermanded by the same person who had made them. I succeeded with great effort and patience in persuading the mother to do this. It was not easy for her, but it was essential for the success of the treatment. And one day, when Deli happily related, "I know about a little girl, who was very bad and disobedient, who put her hands in her behind and did all the things that were forbidden, and she wasn't afraid at all",—I knew that her dog phobia had really been removed. I had no need to fear that Deli would now put into practice her fantasies of doing all forbidden things. Her moral inhibitions were still strong enough to prevent that. It was evident that these fantasies were an expression of a new inner sense of freedom, and that the sadistic severity of her conscience had been modified. The dog phobia had entirely disappeared, and she had no further difficulties with arithmetic. The patient was once again a good, happy, sweet little girl, apparently content with her feminine rôle, as far as could be judged at this period in her development.

Even though the origin, treatment and cure of the phobia are comprehensible in this case, it seems to me that there are

still factors in the libido development of the patient, as well as in the transformation of the phobia into another form of neurosis with obsessional fears and difficulty in learning, which need further explanation.

The origin of the dog phobia can certainly be referred to the time of the mother's stern prohibition of masturbation when Deli was not quite three years old. At the time of the police dog experience when she was with her father at the grocer's, she was in the midst of a struggle to free herself from masturbation. The mother had rendered her prohibition particularly effective by threatening the child not only that she would make herself sick, but that she, the mother, would give her away, that is to say, threatening her with complete withdrawal of love. Then came what was for Deli's unconscious her father's repetition of the prohibition to masturbate, in that he also said, "Don't put your hand there, or else you will be bitten (injured)". Since there was actually a possibility of being injured by the dog on the very hand which she had "shoved up and down in her behind", it is understandable why she developed her fear of being injured in connection with dogs.

At the most superficial level of Deli's dog phobia, being bitten by a dog signified punishment for masturbation. At a deeper level we see in her fear of the dog who "pecked", who might stick his snout inside and bite something off, evidence of her fear of an injury coming from her father by the insertion of a tube; for we have seen in her numerous games and fantasies that in her mind inserting a tube signified what dogs do with each other; also what people do, and therefore what her father did with her mother. In her identification with her father, she played a boyish rôle and was herself active in inserting tubes. Her conception of the danger of injury to the person who was passive in such a relationship she expressed symptomatically as the fear of the "pecking" of a dog.

The dog was not only a substitute for the father, but it represented also in her mind the mother who put the tube in her and gave her irrigations. She had represented the small

chess figure, to whom the tube was given, as taking pleasure in the operation, much as she herself, according to her mother's statement, had enjoyed the numerous enemas which had been given her when she had had the measles; thus her wish to keep her back turned away from the dog was an expression of her anxious defense against a passive anal surrender. Such a surrender, or the defense against it, referred in the first place to her father with whom, according to her sadistic conception of coitus, such a passive anal attitude was bound up with the danger of a severe physical injury; and secondly, we have to assume that in her symptomatic fear of dogs, she was also putting up a defense against a passive anal masochistic attitude toward the mother. The phobia reached its full development only after the mother had given the child a large number of enemas. That is to say, the dog phobia may be looked upon as a converted expression of Deli's longing for a repetition of these experiences with her mother.

It was clear when I first became acquainted with Deli that the level of the development of her feminine libido did not correspond to her age. At the very beginning of the treatment, when she demonstrated her fear of dogs, she showed that she wanted to keep her back protected against the dog's attack. She was afraid that the dog might smell at her anus, and that he might injure her there. The fact that everything centered chiefly in the game of inserting the tube, which took its origin from the feelings associated with the numerous enemas given her when she had had the measles, seems to us to prove that her libido at the beginning of the treatment was attached chiefly to the anal-sadistic level of organization. The prominence of anal traits in her character formation are evident in the thoroughness and precision which she brought to the treatment and with which she spoke when talking of her anxiety and of her other symptoms.

The rapid improvement after two months of analysis, even though it was only transitory, seems to me to be of particular interest and to require an explanation. The lessening of her fear of dogs began when she dared to take an active part

in the tube game and to inflict on others something which she herself feared. One might say, perhaps, that the mother's prohibition against playing tube had been too much bound up in the child's mind with the mother's own person, had not yet become a part of Deli's superego requirements and that for that reason she was at once willing to accept permission from me (a mother-figure who not only sanctioned, but even played the game herself) to allow herself a considerable gratification of her anal libido, which for a while had had passive satisfaction from her mother through the enemas. This gratification had come to an end with her recovery from measles, and about the same time her mother had strictly prohibited Deli's attempted active gratification with her sister. This contradiction in her mother's behavior must have created a conflict in Deli's mind; moreover, when the enemas were given the mother had been stern and apprehensive lest the child soil the bed, thereby giving emphasis to the attitude she had taken during her training of Deli to cleanliness. It was subsequently possible for me to reconstruct the mother's attitude on the basis of Deli's evident relief whenever, in our play with the tube (which we filled with water), I allowed my rug, divan, etc., to become wet without concern. Deli's early training to cleanliness, which was accomplished by the end of the first year, speaks for the mother's discipline and caution in this aspect of the child's education; in addition, the actual necessity to be as free as possible for the arrival of the second child forced an acceleration of the process.

I see a further reason for the rapid disappearance of Deli's fear of dogs in her identification with the aggressor—the dog. Because she was so quick to identify herself with the tube-giving individual, there must have been some identification with the analyst who inserted the tube and thus gave authoritative permission for the gratification of anal pleasure. It is, however, more important that this identification with the active analyst offered her the possibility of denying her femininity through activity, and of finding satisfaction for her masculine strivings as a means of overcoming her fear. We have observed

that she stuffed her frock inside her bloomers, to make herself a boy, and that she made coarse jokes with her father. She did not any longer have to be afraid of being attacked by a dog when she went out with her father, because she was not a girl but a boy like her father and nothing further could happen to her. Her sadistic wishes found frank expression in the fantasy: "A man kept pushing the tube into the dog until he was dead."

Even though we understand that the change of the dog phobia into a neurosis with obsessional features was facilitated by the numerous antecedent obsessional neurotic characteristics, and by the special emphasis of her anal sexuality revealed by the tube game, we still have to ask ourselves why it was precisely during the summer holiday that she had changed from a relatively carefree, aggressive child into a compulsive, shut-in little girl tormented by qualms of conscience and fears of death. The most probable explanation for her change for the worse at this time was the lack of opportunity for identification with the analyst—the mother figure who allowed what the mother herself forbade; then, too, the father was away the whole time, making it difficult for her to identify herself with him and overcome her anxiety in this manner. Furthermore, she often went swimming with little boys, and was so constantly made aware of her own genital deficiency that she could no longer deny it, as was evident from the remark she ascribed to Steffi. It must also be taken into consideration that her mother had not only forbidden her to play tube with her sister but had been generally severe because during their stay in the country she had had more time and abundant provocation for finding fault with the child, uninhibited and aggressive as she had been at the beginning of the summer.

Although the absence of her analyst and of her father, the severity of her mother and the frequent direct reminder of her state of castration make it comprehensible that neurosis was the most comfortable solution for her difficulties, we must still ask why the child did not succumb to the same neurosis which she had had before, instead of developing an obsessional neurosis. As has already been noted, obsessional neurotic

features were present in Deli's conduct, but we must ascribe the major responsibility for the development of the obsessional neurosis to changes in the little patient's superego. The rather abrupt onset of the obsessional neurotic behavior occurred in the summer after the mother's threat that she would give Deli away if ever again she should try to stick her finger in her sister's rectum. This threat of complete withdrawal of love must have had a shocking effect. First of all it inhibited the child's active, aggressive impulses toward her little sister. Further, it reactivated an old prohibition against masturbation. These, together with her many observations of boys, must have made a very deep impression on her. We must suppose that these disappointments, aggravated as they were by the mother's constant presence and supervision, released a storm of violent aggression against the mother. Deli's obsessional fears that her mother might die prove this assumption to be correct. The mother's remark that she would die from overwork on account of the children was certainly only an auxiliary influence in the origin of these fears.

This aggression against the mother was not the same kind as the aggression which—in its negative form—had supplied the libidinal basis for the dog phobia. Instead, it contained numerous elements of hate against the mother who forbade her the aggressive male rôle, who had withheld from her or had failed to supply her with the organ necessary for this rôle, who had taken away her father to make trips with him into the country, who had forbidden her her sister as an object for the gratification of her aggressive libidinal strivings, and who, finally, had renewed the old prohibition against masturbation. But the aggressive, hateful outbursts against the mother, which reached their climax in the wish for her death, were most energetically suppressed by the very same prohibition which had been chiefly responsible for engendering them. For there is no fear so intense or so enduring in its effect on the psyche as that of the loss of love. There was nothing else for her to do but to withdraw her aggression from its object and to let it act against her own ego, directed by her superego which was

obviously patterned after her mother. In the place of aggression towards her mother, her superego became severe and unrelenting toward the ego and demanded amends. Since her superego was formed according to the mother's demands, this transformation offered her protection against the threatened loss of love, although at the cost of her happiness and activity. She became a good, quiet, repressed little girl, who betrayed the wicked wishes she was harboring against her mother only in her anxiety about her own life.

The summary of the positions and changes of Deli's libido as observed in the analysis is as follows. The position held before the outbreak of the dog phobia was a passive, anal masochistic one, centered on the mother as object. There was, to be sure, an intermixture of elements from the œdipus complex in this libidinal relationship to the mother, as we have seen, for from the analysis of the phobia which directly followed this phase we know that the dog, the feared animal, represented the father. But the libidinal striving which was resisted had its origin in her passive, anal gratification during the measles when she had had such frequent opportunities to experience indulgence of it with her mother. With her recovery from measles, the gratification of these wishes came to an end. But the demand for the passive gratification of the instinct continued to be so strong that she could resist it only with the help of a phobia. With the same phobia she resisted also her impulse to masturbate which, we must assume, had a passive-masochistic aim directed towards the father. The mastery of the phobia was won when the wishes which it resisted found a way out in activity. This was made possible by the analyst's example, for in contrast to the mother I not only allowed anal games with dolls but even encouraged them. Of course in this activity Deli experienced a denial of her lack of penis and therefore of her femininity. Tube and penis were the same for her. The difference between the sexes was abolished. She became a boy and felt herself an equal with her father. This relatively happy solution of her conflict (even though it was reached with the denial of certain realities) was disrupted by

the impressions of her summer vacation. The menace of loss of love and the numerous opportunities to observe the penis made it impossible for the little girl to be active, and, as above described, the hate impulses which flared up in revenge against her mother were suppressed in favor of the development of an obsessional neurosis.

Making conscious the aggressive impulses toward the mother, and the expression of them in play and dream, removed the neurotic symptoms which arose from the suppression of the hostility. The transitory reappearance of the dog phobia could be explained as a reaction to the release of partial libidinal instincts which had been incorporated in the over-strong superego formation. The acceptance under treatment of the difference between the sexes, and thereby of the passive-feminine rôle, rendered this last bit of neurosis unnecessary.

Translated by EDITH B. JACKSON

EXHIBITIONISTIC ONANISM IN A TEN-YEAR-OLD BOY

BY EDITH BUXBAUM (VIENNA)

Poldi came to me at the age of ten—a well-proportioned boy, large and very strong for his age, with no evidence of glandular disturbance or other physical abnormality—but his face was frequently distorted by tic-like, twitching movements: blinking, wrinkling of the nose and jerking of the mouth. In moments of excitement these movements increased to the point of grimacing, and in addition he would hop from one foot to the other, at the same time opening and closing his hands convulsively and bringing his arms together, first in front and then in back. Since this condition could be induced by the least excitement, Poldi was in almost constant motor agitation.

Added to this extraordinary condition were other symptoms which had caused his parents to seek medical assistance repeatedly. Poldi was tormented by constant anxiety which made it impossible for him to be alone, even for a short time. Moreover, he was unable to keep himself occupied, either when he was by himself or with anyone else. He masturbated excessively in an exhibitionistic manner and for this reason had already been excluded from kindergarten and school.

He was especially clumsy with his hands, and his vocabulary and manner of expressing himself by no means corresponded to his age level. Arithmetic was particularly difficult for him; he could add and subtract only with the help of his fingers, and even then he made mistakes; simple multiplication tables which he could memorize came more easily to him, but it was impossible for him to solve any written problem.

Poldi was subjected to a thorough physical and neurological examination. No organic basis for his illness was found, but its possibility was not excluded. The report of the Children's Hospital after a six weeks period of observation when Poldi was six years old did not exclude the possibility of a cerebral

defect. The results of another private examination combined with the Rorschach Test, made at the age of twelve while Poldi was in analysis, pointed to an earlier encephalitis. This would seem to be confirmed by the mother's statement that Poldi's convulsive movements began when he was two years of age, immediately after a febrile illness of unknown origin which had lasted several days.

In spite of the suspicion that the symptoms might be determined by a combination of psychological and organic factors, I undertook an analysis and reported it in Anna Freud's Seminar on the Technic of Child Analysis. It was worth seeing whether Poldi's symptoms were accessible to psychological influence, and, if so, to what extent; for if his anxiety was neurotic, or at least augmented by neurosis, it might be diminished or dispelled by analysis, and if there was a connection between his anxiety and his motor agitation, the latter might also be influenced by the treatment. Another question to be considered was whether his overwhelming anxiety did not inhibit him to such an extent that his intelligence appeared even more limited than it really was. Though the prospect of finding psychic determinants of his convulsive movements was very tempting, I had little hope of doing so; and the treatment justified this negative expectation.

In Poldi's case it was impossible to use the methods of child analysis usual for a child of his age, because of his limited intelligence and the great secondary gain obtained from his illness.

The first task in analysis is to give the patient an insight into his illness, if this is absent at the beginning of treatment. He must understand that the disadvantages arising from his illness are greater than the advantages it affords him in relation to his environment. With the help of this insight it is possible to ask him to coöperate in the work of removing the unconscious resistances which cling to the primary gain, the substitute satisfaction implicit in the symptom. Appeals are made to his reason, to his wish to become a healthy and happy person, to his will and to his ego. In adult analysis, too, it is necessary

to call repeatedly upon and strengthen the patient's insight or will to coöperation, since it disappears partially or entirely in times of strong resistance. This situation is much more prevalent in child analysis. The child who comes for treatment of his own accord is the exception; he is usually tricked or forced into coming. Consciously, he suffers much less from his illness than does his environment. A more or less lengthy period of preparation is necessary to enable a child to gain insight into his illness, and this does not necessarily occur simultaneously with his wish for recovery.¹ Only when the child calls upon us to help free him from his anxieties, his foolishness, naughtiness or whatever he may call his sickness, is he ready to be analyzed with the technic of adult analysis. He then begins to tell conscious material, he coöperates, and ideas are expressed in words instead of actions. (This development also has its parallel in adult analysis: With each new phase the adult patient must gradually have his attention called to his habits of reaction outside of the analysis and within the analytic hour, so that he may regard his own behavior objectively and be ready to analyze it.) These phases of active coöperation are interrupted by phases of resistance in which the child returns to his earlier forms of communication, play and action. However, once the wish for recovery and the desire to coöperate have become present, it is relatively easy to evoke them again; their disappearance is simply one of the many forms of resistance.

Poldi's moments of insight came very seldom. His limited intelligence could hardly be called upon to help. The secondary gain from his illness was so great that he naturally did not want to surrender it; because of his illness his mother was forced to remain with him, and by this means he hoped to ensure her continued care; for he wanted to remain a child and was willing to renounce everything if only she would continue to look after him. Poldi's attitude is similar to that found in the disability neuroses, in which continued illness

¹ Compare Anna Freud's *Einführung in die Technik der Kinderanalyse*. Erste Vorlesung.

with its financial compensations is preferred to recovery of health. This train of thought, which became clearer in the course of Poldi's analysis, is not to be understood as a rationalization, but rather as his early childhood fear of being forsaken by his mother and left alone to starve. Moreover, his illness served as a protection against the demands of school where he was regarded as ill and treated accordingly. Protected by his mother, he could indulge his pleasurable fantasies which he, like any patient, was reluctant to exchange for a generally unpleasant reality.

Since it was necessary to dispense almost entirely with Poldi's voluntary coöperation, it was imperative to treat his play and actions during the hour as material, and to interpret oftener and on a less assured basis than is usual in child analysis. When the interpretations were correct he usually reacted with aggressions and brought new material in the form of changes in play and modes of activity.

Poldi's analysis contained all the difficulties usually encountered in child analysis but to a much greater degree. This quantitative factor necessitated a change in technique, which on closer inspection also proved to be only quantitative. The number of interpretations had to be increased, not all of which were based on facts and memories. However, as customary in Anna Freud's school of child analysis, an attempt was made to interpret first of all the material which seemed closest to consciousness, and to proceed from the surface to the depths of the unconscious.

2.

Poldi's parents were intelligent working people. The mother's occupation before marriage had brought her into contact with the educated middle class—a circumstance which had raised her hopes of one day marrying into, and being accepted by this class. Deeply disappointed, she married a working man. But she could never free herself from the thought that she had married beneath her, and developed a strong sexual aversion to her husband; so that on frequent occasions he

forced her to have intercourse with him. Poldi slept in his parents' bedroom and was often a witness to these scenes. The mother placed all her hopes in her only child: he was to compensate her for her unhappy life and unsatisfactory marriage. As long as Poldi was small and a normal, healthy baby everything went smoothly, but when he became ill her disappointment began to grow. Due to her own aversion to sex, she was especially intolerant of his excessive and unconcealed masturbation. When asked if she had ever threatened Poldi with cutting off or taking away his penis or something of the kind she denied having done so, as parents usually do. However, on one occasion she declared with much affect, "You know, Doctor, sometimes when I see him doing it I would like to cut everything off!" It is certain that she had threatened the child with castration more than once. The father stated that she had often beaten Poldi furiously because of his restless activity, which she could hardly endure. She may have been thus excessively irritated by his restlessness because she realized unconsciously that it was a masturbation equivalent.

The father was hindered in his struggle for advancement by outside circumstances. His wife's reproaches for earning so little and never getting anywhere only intensified his sense of defeat. He, too, had hoped that his son would reach the goal he himself had been unable to attain, and therefore could not forgive the child for its limited intelligence and poor scholastic record. He studied with his son, which was torture for both of them, and according to the mother he often beat Poldi for his stupidity. Each parent would only admit that the other beat the child, and each accused the other of "whipping him silly". They both reported that on a teacher's advice the beatings had been stopped, except "now and then". Poldi's neurotic fears were also a source of the deepest narcissistic mortification to his father, who was ashamed of having such a cowardly, unmanly son. The father's harsh brutality succeeded in making Poldi so afraid that he hid his masturbation and anxious restlessness from him and would even go on

errands downstairs in the dark for his father, something which otherwise he could never be induced to do.

When Poldi came to analysis he was completely intimidated and unable to say a word. For several days he sat in one corner of the room and looked at pictures while I sat in the other corner and apparently paid no attention to him. At first he was so filled with anxiety that he only turned the pages of the books hastily and did not look at the pictures. When I noticed he had become so used to me that he began to be really interested in the pictures, I asked him what this or that picture portrayed. In reply he read me the title of the picture in a whisper. It took considerably more time before I thought it wise to leave my place in the corner and go nearer to him. And it was six weeks before he began to examine the room and its contents more closely and finally discovered some toys. He chose two paper dolls and we began to play theater with them. The first play had the following content: Poldi's man met my man, pushed him and provoked a quarrel, which finally ended in a brawl. Poldi's doll then killed mine, but my doll had to come to life again and kill his; this mutual deathdealing lasted until Poldi declared that my doll was not allowed to come to life again; and in this way he finally left the field a victor.

The fundamental form of this play was subsequently retained but the details varied. The scene was often played in the cemetery where Poldi killed resurrected ghosts again, so that they soon lost the desire to be resurrected. Around "*Krampus*" time (the sixth of December) his enemy took the form of the devil, but Poldi was unafraid, and even challenged the devil to battle and put him to flight. The mother reported that when Poldi was four years of age his father, disguised as Krampus, had greatly frightened him, and that every evening since then Poldi had been anxiously alert when he thought he heard his father's step in the hallway. In another fantasy Poldi began the fight in the toilet and pursued his foe through the sewers to the Danube, where the pursued was discovered to be the devil. There, since Poldi won a bet as to which of

them was the better fisherman, the devil burst asunder, "stinking and shrieking". In reality, one of Poldi's greatest pleasures was to fish in the Danube with his father. The mother confirmed the fact that Poldi was the better fisherman of the two.

On the basis of this material it was possible to interpret to Poldi that his aggression was directed toward his father. The father beat him, forced him to study, scolded him; he had reason enough to fear and hate him as the wicked father. Since fear of his father was further increased by fear of the latter's revenge (for wanting to kill his father he could be struck dead by him), he could express his aggression only in fantasy. His death wish was interpreted to him in the negative form: "You do not want to kill anyone because then you would be afraid that you would be killed yourself." The mother confided that Poldi was so greatly angered by this interpretation that he wanted to stop coming to analysis. He complained to her that the analyst had "tried to talk me into things that weren't true at all." I told him what his mother had said to me and asked him to tell me himself anything he had against me, but he could not be induced to do so. Finally, after much persuasion and repeated assurances that I would not be angry and would not punish him he wrote the following: "You often talk to me like an old fishwife. You're a Buxbaum¹ that is shit on. You can go to the devil, you damned old witch."

The first part of this abusive tirade contained his conscious grievance. It should be noted here that the above interpretation was the first and only interpretation he had received from me, and that it was given only once. The second part showed the anal direction of his aggression, which came more and more to the fore as time went on. The anal abuse proved later to be ambivalent, for it contained also a declaration of love in anal terms. This foreshadowed the deeper significance of the struggle with the masculine antagonist which Poldi was always acting out. It revealed clearly his hostility toward his

¹ "Buxbaum" is in German the word for box-tree as well as a proper name.

father, and indicated that the struggle was also very probably a representation of his sadistic conception of coitus, due to witnessing parental intercourse, which was frequently accompanied by quarreling and fighting. Whether the rôle which he played in fantasy in connection with these scenes was the masculine, the feminine, or both, was not yet apparent. (This deeper significance of his abusive complaint and his play was not interpreted to him.)

After this initial emergence of his aggression Poldi became more and more daring, at first only in so far as the analyst was concerned. He outdid himself in giving vent to anal terms and in passing flatus as an expression of his aggression. Gradually, he dared to give utterance to his aggression in a modified form at home, too, towards his mother, though he still restrained himself toward his father. To be sure, he had sufficient grounds for fearing the latter, who would beat him at the least show of resistance or sign of criticism. The mother had much more insight in this respect: it was possible to make her see that Poldi must have an opportunity to recognize that his fears were not justified. When I was finally forced to accept the fact that my arguments made no impression on the father, and that he did not want to change his attitude of instilling fear in his son, I resorted to a form of blackmail, threatening to break off the treatment if Poldi were beaten again. This threat finally procured the desired result. The father abandoned corporal punishment but showed himself a genius at devising other forms. However, the constant source of Poldi's greatest fear was removed and he was now able to express his criticism of his father somewhat more freely, in his father's as well as in the analyst's presence.

The discontinuance of the beatings in itself certainly helped to diminish Poldi's objective fear, but just as important was the partial release of his aggression, which could now be turned toward the outer world. It was already evident from one of his games, which we called "Playing Circus", that his inhibited aggression was directed toward himself. As a clown or acrobat in the games he performed all sorts of wonderful feats. His

favorite trick was to jump down from the desk, table or back of a chair and throw himself full length on the couch, at times really hurting himself. The deeper meaning of this game became apparent only later, but the inclination to injure himself was clear enough at this time, though it was not interpreted. The interpretation that he did not dare express his hate and anger for fear of punishment was the only one that had been offered. His fear diminished greatly when he was able to express his aggression in work and deed. He railed against his analyst, his mother, his father and his teacher. He tried to destroy all my things, which was interpreted to him as aggression toward the analyst herself whereupon he redirected his aggressive attacks directly against me. This was not always pleasant, and it was not always easy to bring him to express his aggression in words instead of in action. He began at this time to go out alone and played football for hours at a time with other boys—another abreaction of his aggression. To be sure, when it began to grow dark he became anxious and returned home to his mother. It is to be noted that it was at night that the frightening scenes between his parents occurred, and that these exciting scenes aggravated his anxiety. It was some time before it was possible to speak of this special anxiety in the analysis. In the meantime, his mother was glad to be free of him for a few hours a day, and the fact that he was coming to analysis unaccompanied represented a new achievement. This was the more acceptable since it was the only condition under which the treatment could have been continued; the mother would no longer have found the time to bring him and wait for him. This phase, in which the most important factor was the emerging of his aggression directed for the most part against his father, lasted approximately two months. Then with a new game a new phase of the analysis began.

One day he came to his hour with two sticks, one large and one small, and singing softly, began to play something for me on the "violin"; he sang without words and intermittently. Encouraged by my invitation, he sang louder, and after two or

three days the whole hour was taken up with this violin playing. The music consisted of a few measures from popular songs, operettas, operas, and classical music. These melodies were interrupted by inarticulate sounds, snorts, grunts, deep groans, very high tones like those of mating birds, flute-like notes and shrieks. The longer he played the oftener these sounds occurred, finally the melodies disappeared and the whole performance came to consist of these sounds, and he became intensely excited sexually, grew red in the face and made unmistakable coitus-like movements. My endeavors to turn this wordless game, in which he evidently depicted an act of intercourse, into a game with words were for a long time vain, until I finally realized that he must have learned all these melodies from the radio. Then I pretended to be listening in. I regulated a fictitious radio, and said I did not hear well, whereupon some words became intelligible; after a few more attempts to get better transmission my "radio" spoke clearly in words. The violin game now changed into a dramatic game but the climax continued to be these inarticulate sounds and coitus-like movements. Poldi's way of playing theater was very different from the way in which children usually play it. Just as his violin game consisted of fragments of melodies so his theater game consisted of scraps of speech, idiomatic phrases and exclamations which appeared entirely unconnected. One had to try to understand his performance as one tries to understand the apparently senseless, disconnected parts of a dream. Gradually, the analyst became an indispensable partner in this game. For example, he requested the analyst by letter to be sure to come to his concert: "Dear Titterl!—I invite you to come to the Raimund Theatre to see *The Spendthrift*. It begins in the evening at 8 o'clock and ends at 10:30. Please come tonight at 8. Admission 1.50 S¹; balcony 2.20 S¹. I'm going home tonight at 2 o'clock—don't tell anybody".

He had given me the name "Titterl" on account of its similarity to my name Edith, Ditta. Moreover, it sounds like the vulgar expression for breast "*Tutterl*". His invitation meant:

¹ Austrian schillings; usual moving picture theater prices.

"We will play together from eight at night until two in the morning and that will be a secret". "Play" is here to be understood in the sexual sense of the word. Since among other rôles I also took the part of a secretary I succeeded in writing down some of his plays. I had to leave out a great deal since I could not always understand him; he saw to it that I also wrote down the notes of his melodies. One of these plays is hereby given as an example. The plays were in dialect but they are translated here as far as possible.

POLISH BLOOD

Scene I.

Ho, hoho, makulasch, Gee, look at the old people—the old fools (*Kracher*).¹ Let's get a move on and a glass of beer and a li'l glass of wine. How nice you are, everybody ought to feel grand!

Here we come again! Here we've been waiting, here comes the old woman, I didn't think of that. Are you drunk? I'm not. What are you singing then? My old Viennese *Gstanzeln*.² You can't do that.

Scene II.

Get out of that sack! Who's got the *Gstanzeln*? Now I have stamped with more whistling. Now I'm going back to my *Gstanzeln*. The monster is here, isn't it!?

Scene III.

No, cross that out. Something's whistling. Hello, you Cologne boy (*Kölner Junge*).³ Who's screaming here? I want my li'l glass of wine. But I'd better wait 'cause I haven't earned it yet. Somebody's certainly making a fool of you. Here are the old fools, let's see what they do at night.

¹ *Kracher* may also mean old fools in the sense of old men who run after young girls.

² *Gstanzeln* are a sort of Limerick, popular in the Austrian countryside, consisting of verse and chorus. The choruses are improvised and usually satirize a special person or occasion.

³ In the Viennese dialect *Kellner*, the word for waiter, is given the same pronunciation as *Kölner*.

Intermission.

Scene III.

What does the Possa do? The Trr! ch, rr, ch (he pretended to sleep, and snored). Ch . . . (inarticulate sounds). The old fools. (More inarticulate sounds; he then spat, slobbered and made coitus-like movements.) Here we are—we old people! Rrr! Come in!

This play by itself would have remained completely unintelligible if there had not been other plays with similar phrases and similar scene sequences which made it apparent that the typical combination must be the most significant one. It was already evident that the violin game was a masturbation equivalent, in which he depicted one of the scenes he had overheard. Similarly in the theater game he acted out that which he had heard and seen, which excited him and made him wish to join in the play himself. The old people, the "*alten Kracherleut*", in this play are the old people who made such scenes (*Krachmachen*)¹ that is, such noise (*Krach*), which may just as well refer to the sounds attendant upon intercourse as to the quarrels (*Krach*), which, according to the mother, often preceded intercourse. Moreover, it is known that children often imagine intercourse to be a fight. "Let's see what they do at night" clearly refers to the night scene described immediately after the intermission. At first it was not clear with which of the two parents Poldi identified himself, which rôle he wanted to play. In another play, *The Csardas Princess*, he played the Baron's part in the first act and the bride's part in the second act, which he then modified with the remark, "No, it has to be a man—well then, a slave!" He tried to reject the feminine rôle; however the passive-masochistic wish made itself felt to the extent that the new figure with which he identified himself was a man, it is true, but beaten and in chains. Not until the third act did he find his way back to masculinity, when he chose the part of the Prince and concealed his former passivity to a certain extent by overemphasizing the

¹ *Krach* may mean in German scenes, noise or quarrels.

masculinity of his rôle. He wavered before making this choice, but finally rejected the feminine rôle due to his fear of threatened castration. Here it is well to remember his first game in the treatment hour, the two quarreling men of whom now the one, now the other was the victor. Because of Poldi's fear of being destroyed, his doll (in this game, he himself) had to win in the end. The theme is identical in both instances.

Another item always appeared in connection with the reproduction of the sexual intercourse scene, namely, eating and drinking. A little later this motif found a thorough explanation. When at Easter I told him that I was going away for a few days he asked me if "only women" were going with me. In answer to my counter-question whether he did not want me to have men companions, he attempted to poke the violin bow under my skirt. Thus he showed me that he wanted to take the game seriously; that he wanted to do with me what he imagined my men traveling companions were going to do, which was the same thing that his father did with his mother. After I told him this he attempted to pull up my skirt and look underneath it. I refused to let him do this but promised to tell him what he wanted to know. Thereupon, he drew a picture of a doctor putting a mirror into a woman's mouth and asked: "How far down can it go?" This picture was meant to convey his notion that his father not only put something into his mother from below but also into her mouth; here was the same combination of genital and oral conceptions which appeared in his plays, where eating and drinking always played an important part. This stereotyped combination could be a displacement based on an oral fixation but it was equally possible that in his drawings and play-acting he was reproducing something which he had actually seen. The suspicion that he had seen his parents practice fellatio was confirmed by his mother when I questioned her on this point. However, the possibility of an oral fixation also being present is not excluded; on the contrary, this experience was undoubtedly a powerful stimulus to the oral fixation, no matter whether the fixation was primary or reactivated through regression. The

mirror (a dentist's mirror, he said) was a penis symbol, expressing a condensation of genital wishes and voyeurism; just as the dentist inserts the mirror to see into the woman's mouth, Poldi desired to put his penis into a woman's genital. Since looking at women's genitalia was forbidden him, as well as having intercourse, he drew this sketch which had in it the motif of looking along with the depiction of the scene which he had observed. The analyst satisfied a part of his wish by giving him the desired description of the female genitalia in word and diagram.

In the second phase of his analysis, which also lasted approximately two months, Poldi had played the masculine rôle for the most part and had anxiously rejected the feminine rôle. Now, however, there was a change. For some time according to several patients he had quite openly masturbated in the waiting-room. One day he came into my study with his trousers open and was unable to play theater as usual. Instead, he exhibited his penis—a challenge to me really to do with him what he had heretofore acted out before me. However, he was afraid that I might be angry at his indecency, as his mother and father would have been. Although only this fear was mentioned to him, he did not appear the next day. When he came again, the interpretation that he was afraid I might be angry was repeated. Now he began, just as at the beginning of the violin game, to play and sing without words. When, as before, the "radio" was regulated in order to induce him to speak he suddenly stiffened, became very pale and sprang up with the cry, "I am a monster!" He flew at me aggressively and "wanted to kill" me. He then repeatedly threw his knife so that the point stuck in the floor and at each thrust he named a part of my body which he pretended to have hit: arm, leg, stomach, head, finally "arse"; at this point he stopped and said in a satisfied manner: "Now you're all cut to pieces anyway!" When I asked him why he was so angry with me he said, "Because you insulted me." A little later in the same hour he played circus in an especially ferocious manner and with the unmistakable intent of injuring

himself; at the same time he screamed: "I am a monster, I am a cripple!" He warded off the interpretation that he was now doing to himself what he had previously wanted to do to the analyst, with such a savage attack that he had to be put out of the room. By acting this way he confirmed the interpretation in his usual manner. The next day he played "Police"; he was the criminal and demanded that the analyst, the policeman, put him in prison, beat and "massacre" him. When I refused to do this he begged me "at least to tickle him". At a renewed refusal he would have become just as aggressive as on the preceding day, but this time such behavior was prevented by interpretation. These two successive hours demonstrate clearly the nuclear complex of his neurosis.

Poldi's exhibitionism, one of the symptoms which brought him to analysis, had first appeared in the transference situation in the violin and theater games. Finally, he had turned directly to genital exhibitionism. On the grounds of the previous material this exhibitionism can be understood as an attempt at seduction, as a transference to the analyst of that which he was constantly doing at home to his mother. Even though it was done in the analysis in an extremely careful manner, he had been repulsed—"insulted", as he stated in the following hour. This was the cause of his anger with the analyst, which was bound up with his sexual wishes; he wanted to destroy the analyst, and he wanted to do it genitally. In fantasy he thrust a knife into the analyst, into the "arse"—his expression for the female genitalia—just as his father thrust his penis into his mother. At the same time he called himself a "monster", and in the play quoted he had said the same thing in the second act just before the scene depicting coitus. It may be that the mother had so designated the father in one of the aforementioned quarrels when she had been forced to have intercourse, perhaps she had said it to the child too when he masturbated—we do not know; but it is certain that Poldi thought of himself and his father as "monsters", especially when either one of them had sexually aggressive intentions.

This culmination of the boy's aggression was followed by

the turning of his aggression against himself; he wanted to destroy himself, as he had wanted to destroy the analyst, by making himself a cripple. "I am a monster, a cripple" meant that he must become a cripple because he was a monster.

The next hour showed that his fear of castration included also the wish to be castrated. The policeman, well recognized as the father image (the analyst in the transference situation), should punish him for his sexual crimes and help him with the punishment, with tickling, to obtain satisfaction. The castration should serve at the same time as evidence of his love, as evidence that he as a castrated being wanted to be loved by his father. This is the second component of his exhibitionism: if his mother does not love him, he wishes to excite his father by exhibitionism to castrate him and love him as a woman. His masturbation also contained the same two components: on the one hand, it was the expression of his aggression against his mother and, on the other hand, the expression of his wish to destroy his penis through masturbation in order that his father might love him. Both strivings came to the surface in the following days. The mother reported that he had been genitally aggressive toward her. When I spoke with him about this, he repeated this behavior with me. When repulsed, he played Circus,—that is, he felt an urge to injure himself; when he finished this game he wanted to do what the analyst was doing at the moment, either knitting or sewing. This succession of genital aggression, self-castration, and identification with the analyst, his mother in the transference, was repeated for some time apparently unaffected by interpretations. Finally, I forbade the sexual aggression against me by telling him that he could not lose his anxiety in that way. His answer to this was that he preferred to keep his anxiety and to continue in his ways. I then added that I did not like his behavior and that it was unpleasant for me. On the next day he began his hour with the statement, "I have been discharged". Since I had refused him as a sexual partner, he gave up the violin game, too (his means of courting and seduction), for it had no point—as violinist he had been discharged and sent away. With this the period of sexual aggression came to an end.

As a result of this final rejection he renounced the masculine rôle completely and from now on wanted only to be like the analyst, to sit in my chair and at my writing-desk, to possess my things, and he attempted to achieve this by increasing the activities which had self-injury as their goal. Finally, one day when he was playing Circus he succeeded in really wounding himself. He was frightened beyond measure, cried, screamed and was not to be pacified until he fell asleep from exhaustion. Another day, he brought several drawings which he explained. Some of them elucidated parts of the circus game: one picture was of a child in a crib with slats "watching his parents play" in their bed; another showed a child standing on the edge of a bed, a second child falling on to someone, and a nurse standing near holding up a threatening finger. Poldi stated that in the hospital throwing one's self down had been one of the favorite games but that the nurses had always forbidden it. It is apparent that throwing himself down had many different determinants. He threw himself upon someone—as his father did upon his mother. The nurse threatened an injury as punishment and then he, whether in identification with her or in order to escape her punishment, threw himself down, thus both punishing and hurting himself; in addition, however, in order to hide the erection for which also he could be punished.

This was one of the few times when Poldi was willing to allow the analyst to help him. Evidently he wanted to protect himself from his unconscious urge to castrate himself; for this reason he also brought conscious memories as material. In this now completed phase of self-castration his anxiety had increased again. The circus, like the violin game, after being interpreted, disappeared from the analysis, and his anxiety again diminished.

Since summer was coming and Poldi was to go to a children's home in the country for his health, it was necessary that his exhibitionism be restricted, at least outwardly. After another comprehensive interpretation an attempt was made to induce him to discontinue his exhibitionistic masturbation. However, he was told explicitly that he *could* masturbate but that no one should see him. In return for his promise I made him

a present of a railroad schedule, a long standing wish of his, the significance of which did not appear until the treatment began again after the vacation. To my great surprise, he was able to keep his promise. The interpretation of his exhibitionism had been by no means complete. It contained at that time the interpretation of his sexual aggression toward his mother and his wish to be castrated by his father, both intentions standing out clearly in the violin and circus games and in the subsequent reactions and narrations. This interpretation had apparently made it possible for him to control his exhibitionism. The fact that his mother had been forbidden to be on the look-out for his masturbation,—which meant to him the satisfaction of a part of his wish, since she came to look at him—was another important factor. Since she had discontinued this practice he had been deprived of one of the main motives for his exhibitionism before her. His wish to be castrated by his father had been interpreted to him in connection with the circus game; his aggression against his father, of which he was so afraid and on account of which he wanted to be castrated, had already been spoken of at the beginning of the treatment. As a result of this he was able to restrict his exhibitionistic tendency toward men. Finally, by being allowed to masturbate in secret he was brought back to a situation which was really pleasurable for him: he had a secret with me—and a fantasy in common with me which centered in the time-table.

When we took up the treatment again after a ten weeks' interruption, Poldi behaved exactly as he had at the beginning of the analysis. He repeated in the course of six weeks all the phases of the treatment of the year before, beginning with silence and ending with exhibitionism. A single repetition of the interpretation formerly given, sometimes only a hint of it, sufficed to drive him on to the phase immediately following. During this time several supplementary details were added. The blowing out of a fuse during his hour was the occasion for the development of the following fantasy which contained his fear of the dark: children, whom he called "night bogeys",

are naughty, are stabbed by the father for their naughtiness, but come to life again. This being stabbed and coming to life again is the same as his first fantasy in the analysis, in which two men kill each other and come to life again. In many games this fight was between a man and a ghost in a cemetery. Now the same thing takes place between a child and his father, namely, between his father and himself. He himself is the "night bogey", the spook who steals about at night listening and watching to see what the parents are doing, and who at one and the same time suffers punishment for this and, in his identification with the mother, experiences being stabbed by the father—a situation which we already know from the monster-cripple scene. Another supplementary detail was that he kissed a doll on the genitalia. He also tried to put his legs on my shoulders—a further proof that he had definitely seen fellatio.

Finally came new material, in part belonging to the period before vacation which had not been discussed at the time. It appeared in a new fantasy in connection with the train schedule, in a new symptom—a compulsion to steal, and in the recurrence of his exhibitionism.

Poldi expressed the wish to have a train schedule for the first time in the Easter holidays when I was going away on a trip. It appeared that this wish was connected in some way with his desire to go away with the analyst. After he received the time-table the mother reported that he played with it all the time. Again a theater game brought the explanation for his fantasied trips: after a quarrel, in which the mother asked the father for money, both parents took a trip to Hamburg; there the father killed everybody who wanted to keep him from carrying out something which was not clear to Poldi. It is not difficult to recognize in this fantasy the same elements as in the former plays: to identify the quarrel between the parents with the "*Krach*", the journey to *Hamburg* is the journey to the city in which one gets "*Ham*"—food (in the Viennese child's vernacular). The struggle with the people who want to stop the father is the quarrel between the father

and the children who wish to prevent the parents from having intercourse. The journey is a new element in the fantasy, revealing the connection with the ardent play with the train-schedule which had evidently taken the place of the violin game. The fantasy contains the genital-oral combination again in the name Hamburg—the primal scene is apparent in it. The symbolic significance of traveling on a train is another welcome confirmation of this. The quarrel over money was a reproduction of episodes at home; but the fact that from among the many causes for quarrels at home he picked this particular one showed that he wanted to express something more, though it was some time before this something became clear.

In the course of the repetition of the phases from the pre-vacation time, the theme of seeing and being seen recurred. This theme, however, persisted in spite of the fact that the former interpretation was repeated—a proof that it had not yet been completely explained and that several important determinants for its comprehension were still lacking. As before, he wanted now to look into everything, to open all cupboards, drawers and purses; after it was interpreted to him that he wanted to see what I looked like inside he reacted, as usual, by attempting to look under my skirt. When I prevented this and talked instead about the female genitalia it became apparent that he was convinced that both his mother and I had a “tail”, a penis—even though he knew that other women had none. An explanation had no effect as he did not believe it and wanted to make sure for himself. His continued exhibitionism was a challenge to the analyst to show her genital, too. The interpretation that he did not want to believe that women had no penis, because he was afraid that if this were true he could also lose his, was obviously not the right one.

As his exhibitionism increased, his stealing came increasingly to the fore. According to his mother he had never stolen before. He had begun to steal money from her just before the vacation; in his analytic hour he had often begged to be allowed to take a book or game away with him and had often

carried something off in spite of refusal. Now, however, he stole more and more during his hour. There was nothing I owned which he did not want to take away from me; he was extremely clever at appropriating articles and often could not be prevented. At the climax of his exhibitionism, however, he made no attempt to hide his thievery—he stole quite openly, and put the stolen object in the opening in his trousers. In this way he showed what and why he had to steal.

The forbidding of his exhibitionism and his stealing forced him to bring material in talk and play instead of in behavior reactions. To be sure, attempts had been made repeatedly to bring this about but always without success. It seemed necessary for the child first to perceive the relationship between these two symptoms before he could substitute verbal communication for unclear, compulsive activity. He complained at the time that he was unable to do what the other children did because his mother did not give him what he needed, skating boots, a football, etc. When the analyst offered to give him a football he refused it, saying he did not want one. He showed that he did not need these playthings—that something else was missing. When he again attempted to steal books and money from me and was forbidden, he insisted that “he had a right to them” and that “he would take anything away from me that he wanted”. In answer to the question why he thought he had a right to my things he said, “Because you took something away from me, too!”

Finally he brought the explanation of his stealing in his usual manner, in a bit of play-acting which was a continuation of the trip-to-Hamburg game. He asked for and was given money; he increased his demands and was given all he wanted. He took the money to a restaurant, bought and ate “stinking sausages”, danced with a woman, and then went with her to Hamburg where he killed all the people who got in his way. During the play he said, “You’ve got to pull all your hairs out separately and then stick them in again; then you’ve got it”. In this sentence which had no logical connection with the play, Poldi explained the play as well as his stealing. He believed,

as already noted, that women also have a penis; he probably believed it to be hidden under the pubic hair. The money, books and games which he wanted to take from me were symbols for the penis which he really wanted but did not receive; and his thefts from his mother may be interpreted similarly. Money is, however, also the means by which one can buy one's self things—again the longed-for penis in the form of a “stinking sausage”. Poldi had the habit of smelling his hands whenever he had touched his penis. “Stinking sausages” are also bad, spoiled sausages; it may be that Poldi had connected his mother's nervous vomiting in the morning with the fellatio he had observed the night before, and thought that she vomited because she had had his father's “stinking sausage” in her mouth. Perhaps he had the idea that this act represented a threat to his father's penis. There is nothing, to be sure, in Poldi's attitude toward his father to point to the fact that Poldi believed that his father had lost his penis, or had been castrated by his mother. In his eyes his father was much too powerful to let anything like that happen to him. Only the struggle between the two men acted out at the beginning of the treatment, one component of which was recognized to be a reproduction of the act of intercourse, seems in its varying outcome to admit the possibility that the father, too, might succumb. The contest with the ridiculous devil who bursts asunder “stinking and shrieking” also points to the fact that the father-devil can be overcome. Then the fellatio would be mother's revenge on father: she eats away his penis, the weapon with which he vanquishes her.

In his fantasies Poldi did the same thing with his mother that his father did. He feared, however, that what was only a threat for his father with which the latter could successfully cope had really happened to him, Poldi. His mother had taken his large penis away from him so that he now possessed only a small, inadequate one. Perhaps this assumption was supported by the comparison which he had had the opportunity to make between the erect penis before coitus and the small one afterward. Furthermore, this was the fantasied consummation

of his mother's castration threat. She had stolen his penis from him. What she had stolen from him he had a "right" to steal back, then he "had it", could dance with her and go away to Hamburg with her, and be a man like his father.

After this interpretation his exhibitionism came to an end. A little later and after repeated interpretation the stealing also stopped. A talk about babies "about whom you couldn't tell whether it was going to be a girl or a boy until after three or four months" led to memories from his early childhood. He told me how he used to eat noodles with his hands; I interpreted to him that he thought this was the reason he had become a boy, that one got a penis from eating, just as the mother had one because she had eaten his.

After a time Poldi sought further information from me to supplement the interpretation; he wanted to know how I (meaning his mother) was formed. He still suspected that a penis must be hidden somewhere: "between the breasts—or perhaps it goes from the navel into the stomach—or sticks in the hole". He showed by these reflections that he feared not only oral castration but also vaginal castration. When told that these ideas were false and given the true anatomy of this part of the body he was satisfied and never resumed this theme.

Poldi's fear of losing his penis through the vagina was much less intense than his fear of its being eaten away, and it was, therefore, easier to dispel. This fact is probably connected with his oral fixation—he thought, perhaps, that it was his mother's revenge for his having bitten her breast and drunk from it. The breast was an object of great interest to him; he often fondled his mother's breast, and had nicknamed me "Titterl" which meant breast to him. However, this motif did not appear in the analysis. This phase of the treatment lasted approximately six months from its beginning to the complete interpretation and disappearance of symptoms.

In the last phase of the treatment Poldi developed fantasies which showed his rivalry with his father. The following example may be cited. Poldi and I built a house with a high tower; we expected an attack from a "wild Indian". Since

Poldi thought that the Indian would tear the tower down as soon as he saw it, he demolished it himself. In doing this Poldi depicted self-castration through masturbation. Other games showed his concern that he might have injured his penis by masturbating; at the same time masturbation was his method of reassuring himself that his penis was still intact. Finally, one day when Poldi saw his father naked he asked him if his own penis would ever grow to be so large. This direct question is partially to be understood as another question, namely, whether his father would have any objection if his penis should grow so large. It showed that Poldi had overcome his fear of the castrating father to a great extent and that, in spite of the presence of opposing tendencies, the masculine rôle predominated.

How far this sudden advance to the genital phase is to be ascribed to the treatment and how far to the natural result of the setting-in of puberty is difficult to decide. Very likely both factors played a part. But above all, great improvement could be noted, since Poldi clearly showed in this question not only that he had overcome his fear, but also that he could adapt to reality. Although he had previously denied reality and had lost himself in fantasies wherein he played the part of a grown man, he now postponed the fulfilment of this wish for the future; he accepted the fact that he was still a small boy and therefore had a smaller penis than his father.

At this time the treatment was broken off. Poldi had given up his exhibitionism and stealing, his anxiety was considerably diminished, so that neither he nor his mother was greatly disturbed by it, and his masturbation had been reduced to a normal amount. The mother was so well satisfied with his condition that she saw no reason for continuing the treatment. As a result of these external circumstances the analysis remained incomplete, so that we cannot say with certainty whether the remaining symptoms, tic-like and spasmodic movements, as well as the remnant of his anxiety, would also have been removed by further treatment. Neither can we know to what extent his unanalyzed, oral fixation on his mother and the anal-passive fixation on his father may disturb his later development.

3.

The first obvious diminution of anxiety appeared when Poldi was able to express his aggression. We must ask what was the connection between his anxiety and his aggression.

Although Poldi was wild and aggressive in his games and fantasies, he was in reality afraid of the successfully vanquished figures of his fantasies; and when his games came too close to reality he was frightened. For this reason he never allowed himself to be defeated; only in the last phase of his analysis when his rivalry with his father had lost much of its anxiety, did he tell me to play as well as I could, as he did not want "to be handed anything on a silver platter", in contrast to his former self when the threat of defeat was intolerable to him.

Because in fantasy he hated and persecuted his father as a rival, he feared his father's revenge in reality. A part of this fear was objective, for Poldi had often experienced his father's anger in the form of punishment. This part of his fear had to be removed by the punishing father himself—the father had to show him that he had nothing to fear. The discontinuance of the beatings brought this about. Then for the first time it became possible to penetrate to the neurotic sources of his anxiety.

In the circus game Poldi punished himself: (1) to escape his father's punishment, (2) in identification with his punishing father, (3) in identification with his mother who was punished by his father as he was, and (4) to win his father's love through his identification with his mother.

The less Poldi was able to express his aggression, the more it accumulated within him and the more was he forced to hate his father. His fantasy of the revenge to be expected from his father mounted in proportion to his hate. The more dreadful the form he imagined his father's revenge would take, the greater his fear of his father became, the greater also his urge to self-injury whereby he inflicted on himself the punishment he imagined was his due. The aggression which had formerly been directed against his father was now turned in on himself; that is, his anxiety was his fear of the aggression directed against himself. When his aggression could be discharged outwardly,

the aggression which had accumulated within him and which was directed against himself was reduced and his anxiety likewise diminished.

On the other hand, it was observed that Poldi reacted to the rejection of his sexual aggression by renouncing the active-masculine rôle and that, after having castrated himself symbolically, he took over the antithetical passive-feminine rôle, in his identification with the analyst transferred from his mother. That which he could not have, he now wanted to be. Although at this time he was giving full expression in play to his strivings to castrate himself, his fear in reality increased. He was afraid that his castration wishes, the wish to give himself as a woman, to a man (his father), might be realized. His fear protected him from the castration which he desired.

It is surprising that Poldi's exhibitionism was at first anal, instead of genital, which would have corresponded to his symptom, and also that his aggression expressed itself at first in anal terms.

Analysts are familiar enough with patients who overwhelm them with confessions of a sexual nature at the beginning of the analysis. This material is considered to be of secondary importance and it is taken for granted that it has been thrust into the foreground. The patient wants to try out the analyst's tolerance, as it were, before putting himself in the analyst's hands. The material that he uses for this purpose has its origin in a deeper stratum.

Before puberty and in the early stage of puberty children almost invariably conceal their interest in sex behind anal jokes. Only after they have convinced themselves that their interest in these things will be taken seriously and that they will not be punished do they allow their dangerous sexual thoughts to emerge. The anal material which Poldi brought is to be understood from these two points of view; he expressed something which was forbidden, to be sure, but something which was associated with less danger for him than his genital aggression and exhibitionism for which he feared the punishment of castration. He tried out the analyst with this. At

the same time, however, he revealed material deriving from a deeper libido and fixation level: but this level also is subdivided, the anal-passive underlying the anal-active. This concealment of his passive strivings by active strivings was typical of all the phases of the treatment; his overemphasized aggression was intended to conceal his passivity and protect him from it.

Thus his genital aggression represented his wish to stab the woman (the "monster" scene) and, in so far as it was directed against his father, his wish to kill and castrate his father. His masochistic wish was that his father would castrate him. Since he suspected his mother too of having a penis he wanted to take it away from her, for had she not taken it away from him?

The taking-away is effected not only genitally but, as we have seen, for the most part orally. He wants to eat and drink, to practice fellatio, that is, to bite off the penis and to have the same thing done to him. (The kiss he gave the doll's genitalia, and the attempt to put his legs on my shoulders.)

The preponderance of aggression at all libido levels makes us suspect that the traumatically experienced primal scene took place during the anal-sadistic phase. Sexual intercourse was certainly understood as a struggle, perhaps also as a defæcating into the partner. ("*Buxbaum*" that is "shit on"; "stinking sausage".) The fellatio that he had seen practiced was likewise interpreted sadistically, as a biting off. The eating of the "stinking sausage" indicates a connection between his anal and oral conceptions. It appears that the witnessing of the fellatio caused the libido to regress to the already abandoned oral level, together with the newly won sadistic-aggressive mechanisms which were used to strengthen the oral-sadistic impulses. Just as the passive-anal and the sadistic-anal attitude developed side by side, so the passive-oral attitude, which was revealed in Poldi's idea that he could lose his penis by having it bitten off, developed along with the sadistic-oral attitude. The penis was Poldi's means of expressing oral and anal aggression—he reached the genital stage only in semblance, and in reality was fixed at the pregenital level. Not until the end of the treat-

ment was he able to make an advance toward the genital stage. This advance, however, will certainly be subject to much fluctuation—as is usual in puberty, and as is especially to be expected in Poldi's case due to the passive-anal attitude toward his father.

Poldi's exhibitionism also appears to be connected with this early fixation. It presents the usual components: he displays his penis as a means of seduction and in order to convince himself and others (since he fears it has been harmed) that it is still there and intact. His exhibitionism, however, is preëminently his method of communication: in the theater games he shows what he has seen; exposes his penis as a challenge to others to let him see theirs. His usual reaction to an interpretation is to want to carry out in reality that which has been interpreted, really to do what he has formerly done symbolically, as if he wanted to use this means of saying "Yes, that *is* what I want to do". Instead of communicating verbally, he acts, and his exhibitionism is a part of this communication by means of activity. It may be that he experienced the traumatic primal scene when he was too young to speak, so that he could only elaborate this overpowering experience by repeating actively that which he had undergone passively. Just as he has remained fixed on the trauma in his libido development, so he had remained fixed on his method of communication at the time of the trauma. This assumption is supported by the fact that Poldi ceased his exhibitionism when its meaning was understood and could be expressed in words.

Poldi's ego development was also at a very low level. It was easy for him to allow his instincts to have their own way. Only the fear of punishment held him back—he knew nothing of an inner prohibition. If one assumes that Poldi was fixed at the libido and ego developmental level where he was when he experienced the fixating trauma, one can also suppose that his mental retardation may be ascribed to a fixation of his intellectual development at the same level. However, this explanation does not appear adequate. In spite of the fact that Poldi gave up his exhibitionism, and that his anxiety diminished until it

no longer disturbed him in everyday life, his intellectual state was not altered. It appears strange that plays on words and word associations were so important. Poldi invented a great many nonsense words whose meaning remained completely unintelligible, many of them appearing to be put together from syllables he had heard. But there were a few associations apparently based on sound more than on sense, as for example: *Gstanzeln*—stamp, *Ditta*—*Titterl*, *Greul*—*Krüppel*,¹ Hamburg—"Ham". Often it appeared as if Poldi's unintelligible words were meant to imitate a foreign language, as children like to do in play. At times, when asked what he had said, he willingly translated his gibberish. It appeared to be a secret language, used to protect his secrets. However, this was certainly not always the case. Often it was a playing with sounds after the fashion of very small children.

Poldi's mental retardation, in connection with this idiosyncrasy, suggests further the presence of a coexistent disturbance quite distinct from the neurosis.

When the treatment was brought to an end Poldi's tics and convulsive movements had become less frequent since the states of excitement which provoked them had also become less frequent; this, in turn, was the result of his diminished anxiety. The form, however, remained unchanged; and here, too, the possibility of the influence of organic factors must be considered, for this cannot be safely excluded on account of the premature breaking off of the treatment.

Translated by ELIZABETH B. CHIDSEY

¹ *Krüppel* means "cripple".

A CHILD ANALYSIS

BY STEFF BORNSTEIN (PRAGUE)

The following analysis of a three-year-old boy was terminated with a favorable therapeutic result after about a hundred hours of treatment. The analysis was not extensive enough to yield reliable information on all the problems involved in the child's illness and development, but its relatively short duration becomes an asset in the presentation of the case, since it allows a comprehensive view of the analytic procedure.

The report of this case is also interesting, because it demonstrates again in an impressive way the importance of an early traumatic experience for the later instinctual development. The determining experience which materially disturbed the development of this child occurred at the early age of one and a half years. It released genital anxiety in a period prior to the establishment of the genital primacy, at a time when pre-genital instinctual claims still stood in the foreground. The effect of precocious genital anxiety was the inhibition of pre-genital strivings. All the child's sadistic impulses which emerged in the age period between one and three quarters and three years suffered an immediate suppression, anal impulses were repressed, and the repressed material then broke through in neurotic symptoms. But the anxiety which hindered the development of the pregenital erotism disturbed also the progression to genital strivings; as soon as the latter began to emerge they became charged (cathected) with anxiety and were repressed. Another circumstance deserves our attention, namely the discovery of the early age (even prior to the attainment of genital primacy) at which a germinating positive oedipus attitude can be diverted and turned toward the parent of the same sex.

Peter was brought to analysis shortly before his third birthday because both he and those responsible for his care were suffering from his symptom of inability to pass his stool. He was not actually constipated, because his impulse to defecate

was regular and the stool itself was normal. But he held back his stool with a cramplike effort for at least a day, often for two or three days, and occasionally for four or five days. When he could retain it no longer, and the fear of soiling his clothes became too great, he let himself be placed on a pot. While his bowels moved his face wore an expression of horror, and he ran away from the chamber immediately afterwards as though it might be dangerous to tarry near-by. His anxiety seemed somewhat less if, instead of being put on the chamber, he were allowed to have a movement in the garden. Thus in the summer time he tended to give up his symptom when he was told, "Come, do it in the garden and we'll bury it in the ground". It was hoped that his pleasure in the burial would help to overcome his anxiety, but even out of doors he ran away from his stool with an expression of fear and aversion. We know that children of his age are accustomed to show interest in their faeces and to admire the amount or the length of the stool. Thus Peter's behavior toward his stool was quite different from that of most children. On the days when he went through with the difficult process and had a movement, he was immediately afterwards cheerful and good humored, enjoyed his play, and took a lively interest in all that went on around him. On the very next day, as soon as the need to go to stool manifested itself and he began holding back, the cheerful and active child became out of sorts, ate poorly, and would not play. On occasion, apparently when he felt the same impulse, he sat in a cramped attitude on his chair entirely withdrawn from the world around him, sucking his finger, and playing with a lock of hair as though he were holding fast to a rope. When one saw the child in this situation, it was not hard to recognize that the retention of his stool (he described the procedure as, "I am pulling it back") had become a masturbatory act with a definite orgasm. He reported, moreover, in the course of the treatment, "It feels so good in my behind when I hold my ah-ah back". However, it was clear merely from observation that Peter held back his stool, not for the sake of autoerotic satisfaction, but out of anxiety. In

the first weeks of the treatment he often sat on the closet seat with a sincere conscious readiness to pass his stool, but then suddenly ran away with a frightened expression. It was evident that his anxiety was aroused at the moment when he began to feel the *fæces* emerging from his anus. In other words, a symptom arising from anxiety (we can designate it here as a compulsive symptom because Peter produced it under a compulsion which ran counter to his conscious wishes) assumes the character of a satisfaction, and gives the impression that it might have been devised as a variety of masturbation.

On the days when Peter retained his stool he was unwilling to play, cried easily, and was very sensitive to correction. This description of the child was given to me by the mother in the first interview, and I was convinced later through personal observations that she had not exaggerated. The child was really disturbed on such days. When we see an adult in such a condition for several days a week we consider him mentally ill and suitable for treatment in a sanatorium.

The influences surrounding this child were especially favorable for his development. The parents were not neurotic, they were happily married, and had made adequate provision for their material needs. The mother was pedagogically trained, and had worked up to the time of Peter's birth. She was a maternal, active, sensible woman who loved Peter dearly but did not spoil him. She had taken care of Peter herself, except for six months during which she had had a kindergarten teacher in the house. Maids were carefully chosen and informed of the parents' wishes in regard to the child's training, viz., that the child should grow up quietly, independently, without fear and without threats. The father was a man of fine feelings, of excellent psychological insight, was extremely fond of Peter, and spent more time with him than fathers are accustomed to do with such small children. Thanks to this environment and to the love and understanding of the parents, the core of little Peter's personality had not been perceptibly encroached upon by his neurosis.

The family included also twin brothers, born when Peter was twenty-nine months old. They were six months old when Peter began his treatment.

In the first interview I asked the mother what the child's training in habits of cleanliness had been. This question is important in every case because we know that the methods of training in cleanliness, the attitude of the adult to it, the reaction of the child to the first attempts of the adult to accustom him to punctuality, cleanliness, and obedience, are important influences in character development. In this case, where the symptom was so definitely anal, the question of training became doubly important. The mother related that she had begun fairly early to hold the child over a pot, that everything had gone smoothly, and that in every respect Peter had been a happy and contented child in his first year, absolutely easy to handle. The mother had, of course, paid attention to the regularity of his bowel function according to modern standards of infant hygiene, but her interest in the gastro-intestinal functions was not excessive, as is the case with so many parents. Peter had offered no resistance to this training. He had learned even to announce his needs at the end of the first year by saying "ah-ah". Often the "ah-ah" was said after something had already happened, but he always said it. We may interpret this as a token of a good contact between mother and child and understand the child's compliance as saying, "I make known to you my needs because you wish it". Stricter measures were not necessary with Peter, and later, when the problem presented itself, they seemed to the parents inappropriate because even a harsh tone of voice excited him. The words "naughty, naughty" had the effect on him that severe punishment does on other children, and he either wept or became angry and begged, "Mummy don't say 'naughty, naughty'". When Peter was seventeen months old the mother was away from home for a short time. It was her first separation from Peter. Peter remained at home with his father and a nurse; he seemed happy and in good spirits. After the mother came back, however, he no longer reported "ah-ah" as he had

previously. The mother, who had meanwhile learned from the psychoanalytic orientation to child psychology that early habits of cleanliness in a child are not always an advantage, did not try to force him, but waited patiently for him to become more reasonable. It should be noted at this point that Peter seemed to have resented his mother's absence, and that he showed his disappointment over her disloyalty by abandoning his earlier coöperation. It was as if he said, "If you go away, then I'm no longer your darling child and won't please you any more with my ah-ah". Peter's stool was an early means of showing his friendship or antagonism to his mother.

The mother reported that a few months later Peter became very sensitive about soiling himself and even at this time he was unhappy if he was put on the chamber a second too late. He was moreover so very much frightened at dirty spots in general that it was necessary to persuade him that it was not as bad as he thought, and that dirty things can be made clean again. I was curious to know how this extreme feeling for cleanliness developed. The mother suggested that an intestinal disturbance which occurred when he was nineteen months old might have been the first cause; that he was probably disgusted by his diarrhoea. Such information does not satisfy an analyst. Our experience contradicts the assumption that feelings of disgust appear spontaneously at such an early age. We know that they will sooner or later be acquired under the influence of the child's upbringing, but that many healthy, normal two-year-old children have built up very slight barriers of disgust against their pleasure in dirt. The mother remembered that shortly after this, when he was about twenty-one months old, Peter began to retain his stool. This retention grew steadily worse and reached its height at the time of the birth of the twin brothers, when Peter was two and a half. At that time, shortly before and directly after their birth, Peter had had a kindergarten teacher to whom he was very much attached. The mother thought that the kindergarten teacher might have instilled some fears in him, as he had been especially

anxious since that time. The mother told the following as a characteristic example of this anxiety: He once stepped on the grass in the park in order to get a better look at the ducks in the pond. The guard scolded him a little and after that Peter had an exaggerated fear of him which could not be assuaged by telling him that the man was really not angry.

We questioned the mother further as to how Peter had reacted to the advent of the twins, as we thought that the aggravation of his difficulties must have some relation to their birth rather than to a pedagogical mistake of the kindergarten teacher. We learned that Peter, when the two babies were shown him, ran around to other beds in the house with the question, "And where are all the other little children?" Because of the numerous children who came to visit his mother, Peter was already familiar with the fact that she brought many new children into the house for him. Strangely enough he seemed to take no interest in the question of where the babies came from. The mother had expected questions, as he had shown great interest in her increase in size, and in general showed an intelligent interest in his environment. Finally as he asked no questions even after their birth and since it seemed strange to her that the little fellow should go around obviously preoccupied with difficult problems and not ask for help, she decided to come to his assistance. "Peter, wouldn't you like to know where the babies came from?" Peter answered with a sly look, "From the hospital." The mother proceeded further, "But how did they get there?" Peter replied, "From Wertheim."¹ It was evident, the mother thought, that he was making fun of her, and that he did not wish to pursue the subject. She let it drop although she wanted very much to explain to him. It was remarkable how really shut-in Peter was, although as far as one could see he was on extremely good terms with his parents. Neither the mother nor the father could obtain any inkling as to why Peter would not sit on the chamber or why he ran away in such fear and anxiety from his stool. We shall soon see that it was no

¹ A department store in Berlin.

lack of confidence on Peter's part that made him unable to explain; he could not answer because he himself was not conscious of the reason for the retention of his stool. He was aware only of the terrible fear, and of the compulsion to "pull back" his fæces, as he expressed it.

The mother went on to tell me about Peter's attitude towards the twins, and I learned that she had tried from the beginning to do everything to keep him from being jealous. For example, when he looked on with greedy eyes while she nursed the babies, she told him that he too had been nursed that way and still could if he wanted to. At this proposal he showed great surprise and refused the breast, but directly afterwards, when his mother was suffering from an infected nipple and the milk had to be pumped out, he asked for a cup of it and drank it with great relish. Beginning with this incident, he drank milk, which he had not drunk for a long time. Later he paid no attention to whether it was mother's milk or bottled milk. Sometimes he showed great interest in the twins, expressing admiration for them with the same words that the adults used, and sometimes he ignored them completely.

We learned further about Peter, that he was very sensible and coöperated readily in what was asked of him if the reasons were given and the disappointments tempered. For example, if he was upset because his mother left the house, he permitted himself to be comforted with some small pleasure. His extremely rare temper tantrums were occasioned by some trivial situation in which he could not have his own way; otherwise he was a very friendly child whose intelligence and charm attracted everyone. It was, therefore, astonishing to learn that this friendly child, who had come in contact only with generous people, would give away nothing of his own, neither sweets nor anything else. Even his bestowal of affection was to him the loss of possession. Whenever, for instance, his aunt wanted a kiss from him he would answer in a friendly but determined way, "No, I can't give you a kiss. I haven't any." If the mother gave him two kisses, he accepted them

with the remark, "I am going to keep them *both* for myself."

Outstanding in Peter's character was the lack of pleasure in aggressive activity usual in boys of his age. He drew back in fear from rough children, and never engaged in a fight. If the parents playfully rough-housed with each other, he wept. He knew it was only in fun, but he could not stand that kind of fun. Whenever anyone said "Naughty, naughty", or "For shame" in his presence, he cried.

We learned also from the mother about her various attempts to induce Peter to move his bowels. She had left no form of suggestion or pedagogical influence untried, but no matter what she or anyone else did, Peter's behavior remained unchanged. The use of cathartics only made matters worse. The mother's impression that Peter obeyed a compulsion which he himself did not understand and which yielded to none of the usual methods of education seemed justified. Furthermore, her feeling was soon to be verified in that the distractibility which he had begun to show and his inability to concentrate indicated the loss of an inner equilibrium.

I was introduced by his mother to Peter as a lady who had come to play with him. I began the treatment in his home, first, because it seemed important to observe the child in his accustomed surroundings, and second, because it seemed too unnatural to take so young a child out of his accustomed routine in order to focus attention exclusively on his behavior difficulties. Each of my first thirty visits lasted at least an hour and a half, and often two or three hours. I went walking with him frequently and occasionally put him to bed; in short I spent the time with him as one really does when visiting a child. This being the case, one may well ask how it was possible for the analytic situation to develop. It developed because my behavior in general, as well as my analytic interpretations, gave Peter to understand that I was interested in his every expression, and that I was receptive to all he was repressing. I also made it clear to him that I would use whatever he said, or thought, or did to me, only for the purpose of understanding

and helping him, so that he need have no fear of losing my love. This created a situation free from fear, quite comparable to the analytic situation in adult analysis.

The beginning of the treatment and the most productive of the subsequent hours will be reported fairly exactly from detailed notes made directly after each hour. This is the best way of showing how the child analyst gains access to the child's unconscious, and how the work proceeds step by step.

First Treatment Hour.

The mother introduced us and remarked that Peter was happy to have me come and play with him, and that he had just asked whether I was really coming just for him.

The mother observed from my face how delighted I was with her child who was an unusually charming boy, had an intelligent expression and was graceful in movement. She asked, "But don't you think he's too thin?" Peter's face clouded visibly at this question, whereupon I turned directly to him and said, "You are just fat enough; not too thin; just right."

When the mother asked me if I would not like to see the babies, Peter quickly placed a toy in my lap and said, "Look at this!" After a while the mother said again, "Now we'll go up to the babies". Peter immediately put something else in my lap, a toy animal for me to look at, and this he did with such intensity that I realized he wanted *his* things to remain the center of attention, instead of the babies. This was even clearer when he added, "I have some more things upstairs." So I said, "Can't I see Peter's room first?" Peter led me with obvious pride into his room. There he pulled one toy after another out of his cupboard, with the evident intention of captivating me. The mother came into the room and said that I really must go and look at the babies before they went to sleep. Peter immediately piled several toys on my lap, and I said pointedly so that his mother understood, "I can look at the babies later, for after all, I came especially to see Peter." Peter beamed.

It took no particular skill to recognize the jealousy expressed

in the child's behavior, but my method of procedure was already an application of analytic technique. I took the part of the patient. My behavior said, "You are jealous; you must have a reason for this jealousy; it is not my business to belittle this by ignoring it. I want only to understand you as you are." For this reason, I did not interrupt him as he restlessly picked out one toy after another until the cupboard was cleared. An interruption of this activity for the sake of training, as is often resorted to in such situations, would have cost us the understanding of the child's motives. Interrupting his activity with an analytic interpretation might have brought the child into a state of anxiety from a premature intrusion into his unconscious, and have frightened him away. (For instance, one might have said, "I shall interest myself only in your things and not in your mother's things" [the babies]; or one might have translated his individual actions according to their symbolic significance.) The all-important thing at first was to establish an atmosphere of confidence. Children are very quick to sense the attitude of adults and so it happened that the reserved Peter was able to entrust me with an important communication in the very first hour.

When I saw him restraining his impulse to go to stool by contracting his muscles so tightly that his little abdomen arched forward, I said, "Peter, you are making such a nice fat tummy! What have you got in there?"

"Bread."

"Anything else?"

"Bread and butter."

"And what else?"

Peter, with shame: "Little brothers."

This was astonishing. Peter thus admitted that he knew that the twins did not come from the hospital or from Wertheim's, but out of the abdomen. It seemed to me that he also betrayed one reason for holding back his stool. He made his abdomen big like his mother's before the babies were born, but he kept his babies inside; he held back his stool. In my surprise I told Peter my supposition immediately.

"So that is the reason you want to keep them inside of you. You think that two brothers are quite enough!"

Peter laughed.

"But do you really think that little brothers grow in your stomach?"

"Yes, I do."

"Then you're wrong. Babies don't grow inside of children, they grow only inside of mothers; neither can they grow inside of boys and men."

I gave Peter this explanation because I wanted to make it easy for him to talk over his problems with me. He listened with interest, relaxed his abdomen, sat down next to me at his little table, and said, "Tell me a story".

I began: "Once upon a time there was a boy who wanted to become wise. Therefore he asked everything he wanted to know and then he was wiser."

Peter: "Another story about that wise boy."

I repeated, with the following variation, "and then a lady came to play with him and wanted to tell him everything he wanted to know".

Peter: "Did you tell him everything?"

"Yes."

Peter became lost in thought for a moment, and then he said, "I'll show you the other cupboard". He led me to a cupboard in which little-used objects were stored, and pointing to each object he asked, "What is that for?" He asked about objects whose use he knew perfectly well, as for example, old shoes, rubber dolls, and such things. I answered the question about the shoes simply, "To put on the feet"; about the doll, "For children to play with". I could have answered, "You know that perfectly well yourself, Peter", but in this instance my aim was to show Peter, "You see, I told you the truth. I really answer what you ask me". He asked the question, "What is that for?" about twenty times and got a direct reply each time. He omitted only one object in the cupboard: a bedpan, such as is used in the sick-room; this one had a short outlet pipe. Then since all the objects had been asked about

except this one, I said suddenly to Peter, "And what is that for?"

Instead of answering, Peter closed the cupboard and said, "Now let's play."

This was the second important piece of information in the hour,—negative but quite clear. I understood it thus, "I can ask about all sorts of things that are harmless, but I will not ask about this bedpan because I don't want to know what I might find out about it. That has to be repressed from my consciousness." I assumed, therefore, that in Peter's mind this bedpan was in some way connected with an unpleasant experience. I asked the mother if Peter could have seen it at some other time. She thought it possible that he might have seen the nurse with it after the twins were born. But it was several weeks before Peter could tell what he had seen in the bedpan, and still longer before he betrayed his fantasies in connection with it.

The foregoing is an example of our procedure. No communication from the patient is without meaning, but it may require a long time to understand it completely. The deeply repressed material does not reveal itself at once. We must first remove the resistances which strive against the disclosure of the repressed. Peter's action in closing the cupboard and wanting to play, instead of answering my question was an evidence of resistance. If we fail to respect such resistance and press further, or if we give expression to our assumptions, we may drive the child into a state of anxiety beyond his control, or at least, diminish his willingness to talk. The resistance arises from the child's anxiety, the same anxiety which at an earlier time served to repress an unpleasant experience from consciousness. The art of the analytic technique consists of allowing only so much of the repressed material to come to the surface as the patient is able to handle without too much anxiety. This is the reason why analytical treatment requires so much time.

After going through the cupboard Peter played quietly with a little wagon. He asked once again for the story of the "wise

boy", but said nothing else of importance in the hour. I took just enough active part in his play to show him my interest.

Second Treatment Hour.

I brought colored pencils with me for the second hour. I said I would draw a boy, and did so, meanwhile asking Peter, "What shall I draw on the boy?"

"Face, eyes, nose, mouth."

I made a crude drawing of what he ordered.

"And what else?"

"Legs."

"What else?"

"Nothing."

"Shall I draw him naked or with trousers?"

"Naked."

"Good, but what does one see on a naked boy?"

"His peepee."

"Shall I draw that?"

Enthusiastically, "Yes."

The line which I drew between the boy's legs was not long enough to suit Peter. He extended it until it was longer than the legs. I said, "You have given the boy a fine, long peepee. But why did you make it so long?"

Peter: "So that he can peepee better."

It must be admitted that I seduced the child to speak of sexual things by giving him the idea that one can draw a boy naked. I wanted to provoke the topic of the difference between the sexes by way of explaining to Peter why no little brothers could grow in his abdomen. Such small provocations may be undertaken by an experienced child-analyst; they speed up the work in the beginning. The teacher, however, working with analytical knowledge, but lacking experience in overcoming anxiety which arises from resistance, will do better to avoid a seduction of this kind and wait for the child to bring up the topic himself. In this case, however, it worked. Peter's pleasure in asking questions and imparting information was already inhibited, in spite of his friendly and frank parents.

One had here to entice his confidence with an increase of openness and had to show him, "I am just like you; a child's peepee interests me, grown up as I am, just as much as it does you". If Peter had not fallen in with my proposal to draw a naked boy, I would have withdrawn my plan. We see, however, how readily he took up the penis theme, and how by means of his correcting of my drawing he imparted to me his wish for a long penis, and his reason for this wish expressed in the remark, "one can peepee better when it is long".

I then asked Peter if he liked to peepee. He brought his pot immediately and was ready to show me what he could do and was obviously proud when I said admiringly, "You can really stand and peepee just like a man". I then asked him if he could also make "ah-ah" like a man.

"No, I don't like to make it."

"Why not?"

"Because I don't need to."

I came to hear this answer, "Because I don't need to", several times during the first few weeks. Peter had tried to ward off all his mother's questions with the same answer. So when I began to talk about "ah-ah" he treated me like his mother and, as a matter of fact, he showed his passive resistance with these characteristic words. Naturally, he had often heard "You must do it now", and he expressed his defiance with "I don't need to."

I let this subject drop and began again on the penis theme: "Is the peepee necessary?"

Peter answered, "Now draw Daddy with a peepee. Daddy needs a peepee too."

I did. Peter added the penis to the drawing, and made it smaller than the one he had made for the boy. Then I drew Mummy, and for her also he made a line between the legs, saying to himself as he did so, "Mummy hasn't any hole—yes she has got a hole. That's the peepee for Mummy."

I protested, "But Mummy hasn't got a peepee. Women don't have peepees."

Peter admitted that mummy had a hole. He had already seen her naked in her bath. Then he wanted to know what other questions the wise boy asked, and when I replied, the wise boy wanted to know why girls and women don't have peepees, he said he wanted to know that too. I then told him that women and girls come into the world without a penis and that "later on when babies grow inside of mummy and get to be big enough to come out, they come out of mummy's hole in front". Peter wanted to know if the wise boy had asked whether babies could grow inside his own tummy, thereby showing that my little explanation in the first hour had occupied his attention but had not quite satisfied him. I gave up, for the time being, the pursuit of Peter's affective resistances, which were related to the phenomenon of child-birth, and engaged in conversation with him as if I were seeking contact just with the conscious part of his personality. So he received the explanation that children cannot grow in men, that there wouldn't be any room in the peepee for them to come out, and also that they do not come out behind but only out of the hole in front that mothers have. I rolled a piece of paper together to make a doll and put a baby doll inside and showed Peter how the baby came out in front. He showed a lively interest, but he doubted whether it could be like that with *his* mother. We went to her together and she affirmed that not only Peter, but also the twins, had come out of her in front, and not behind.

The mother was often drawn into the situation in this analysis, especially when it was a question of explaining reality to Peter. This rare opportunity of turning to parents for explanation in questions of fact offered a therapeutic assistance that cannot be overestimated in the analysis of this three-year-old boy. One must be clear about the fact that the analyst's function in child analysis, consists not merely in bringing repressed wishes and fantasies to consciousness, but also in helping the child to assimilate them. The younger the child, the more important it is that his parents should take the same attitude as the analyst towards the facts of life.

Third Treatment Hour.

We began by going for a walk together. It was striking how anxiously Peter avoided even the smallest puddle. He told about the park guard, of how gruffly he could say, "Hey, there!". He did not dare climb up on the low garden walls, because a man on the other side might scold. He risked it, however, after I encouraged him by saying, "If a man should scold, I'd say to him: 'That's not so bad. All the children in Berlin like to climb here'."

In the park he asked whether he could grow to be as big as a tree. Of one large tree-trunk he said, "I really would like to be as big as a tree and have a tummy as big as a big tree."

A little later he said, "Once upon a time bad men cut the trees down." When we were at home again Peter drew a picture of a boy and remarked, "He has a peepee as big as a tree".

Then I gave him the first purely analytical interpretation. I drew conclusions from the connection of associations in this hour about something in him that was pressing to become conscious, but to which he could not give clear expression. I said, "You want to have a peepee as long as a tree. But you say that the park keeper who looks out for the trees is cross and that bad men cut trees down. Perhaps you think that a peepee can be cut down like a tree?" I avoided intentionally saying more clearly that there might be a causal relationship between his fear of the guard and his desire for a large penis.

Peter seemed struck by my question and confirmed it with the hesitating remark, "No, nobody would do that. But could Mummy's peepee fall off by itself?"

Then I explained again, that women never had penises, and that no man or boy could lose his, because it grows there, and no one in the world would do such a thing as to cut it off; no one could be so bad.¹

¹ This explanation, which is intended to free the child from his excessive castration anxiety, is no real analysis, but a piece of education to reality; it is, however, founded on our analytically acquired knowledge of the child's castration fears and aims at the strengthening of his weak ego. If the child believes that the analyst considers castration impossible, he brings him or her his fantasies about it more readily, because he is freer from fear.

This explanation, which was adapted to the questions that Peter had raised in the first hour, was continued over a long period. Peter kept bringing up new doubts and was continually needing fresh reassurance. He discussed in detail every danger that could threaten the penis: its being sawn off, chopped off, cut off, its falling off, or being stolen. If in one hour he seemed satisfied with the explanation that it grew on, in the next he came with the objection that trees which grow from the ground are nevertheless sawed down.

This explanation marked the beginning of the real analytic work. From then on Peter's earlier repressed experiences and the repressed wishes and fantasies associated with his fear of defecation were gradually brought to light.

Fourth Treatment Hour.

I had brought plasticine with me and I made a model of a little boy, in accordance with Peter's wish, "naked, so his peepee shows". Then I made a pot, and said to the clay figure:

"Why won't you sit on the pottie, Sonny?"

Peter: "Because he doesn't like the pottie."

"Why don't you like the pottie, Sonny?"

"Because it's too little."

"Too little?"

Peter put the figure on the pot, lifted the penis so that it hit against the edge, and cried out excitedly, "See it's too little, it hurts him", then he tore the penis off the figure, threw it into the pot, and proceeded to destroy first the pot, and then the figure, and finally threw the plasticine away.

"Why did you tear the peepee off?"

"Because he doesn't need it."

"But he needs it very much."

"Because it's not nice."

"But it's very nice."

"Because Mummy doesn't like it."

"But I can't believe that. Boys must have a peepee, and Mummy knows that."

"Once my pottie was too little; it hurt my peepee, so Mummy brought me a new one."

He then told me that his mother had once said she would rather have had a girl.

With his consent, we then went together to his mother, who remembered having said that she would have been pleased if one of the twins had been a girl, but she insisted that she was very glad that Peter was a boy. Then we asked her when Peter had been given a new pottie, and she remembered that he had once complained that his pottie was too small, whereupon he had really been given a new one. This was a long time ago when Peter was about two years old.

The information which Peter imparted in this hour, partly in actions and partly in words, was the following: "Once when I sat on the pottie my peepee got stiff and hit against the edge. It hurt, and I was frightened and thought it might fall off." He referred to this experience once again in the fifty-second hour when he described clearly the sensation he had had at that time.

In answer to my question Peter told me, with some resistance, that he knew what it was to have his penis "stand up". He did not, however, like it. He was then told that there was nothing bad about this, that it happened to all men and boys and that, furthermore, when the peepee or the little sack behind the peepee hit against something and hurt, he need not be afraid—the peepee remained attached for ever and ever.¹

Because of my wish to free Peter from his unhappy state, I concluded prematurely that the experience on the "too small" pottie was responsible for his anxiety in connection with the pot. I was also not well enough informed in the chronology of events in his life to appreciate that the retention of stool antedated the pottie experience by several months. The fact, however, that Peter defæcated more readily in the garden indicated that his anxiety was chiefly attached to the pot. So at my suggestion and with Peter's consent, we had a

¹ It is known that the scrotum is sensitive, and for many boys a painful sensation there is a disturbing experience.

carpenter make him a wooden seat with a small hole made to fit over the toilet, on which he could sit without help. He was very proud of the fact that he did not have to sit on the pot any more, but could use the toilet like a grown-up. When he had no need to go and his trousers were not unbuttoned he sat there with great pride. The anxiety continued, however, which showed that we had not yet found the decisive factor giving rise to such great affect.

Three weeks later, in the twelfth hour, Peter revealed another very important experience in which the pot had played a rôle and which was responsible for his first association of this object with danger.

We may pass over the intermediate hours in which explanations continued and Peter oriented himself about conception and the father's part in it. He was *apparently* convinced during these hours that the baby girl is born without a penis and does not lose it by castration, but he could not *really* accept the fact, because important experiences which were charged with great emotion and which had already been repressed, contradicted it. The following hour illustrates one of these.

Twelfth Treatment Hour.

Peter suddenly announced while modelling plasticine: "But Kiki has a peepee after all."

"Kiki is a girl, isn't she?"

"Yes, but she has a peepee anyway."

"That's impossible."

"No, it's not; Kiki never had a hole."

Further questions about Kiki went unanswered. But when I asked the mother who Kiki was, she gave me the following information.

Peter was eighteen months old when the three-year-old Kiki stayed with them for a week. A short time previously this little girl, after seeing a little boy urinate, had developed such a strong inhibition of urination that she had to be catheterized. It was hoped that a change in environment would help

and for this reason she was brought to Peter's mother. When attempts were made to put her on the chamber, she cried with a scream that rang through the house, "I won't. I won't", an experience which must have made a great impression on the cheerful eighteen months old boy. The mother then remembered that Peter's trouble with defæcation had begun shortly after this and that there was a time, much later on, when he used to call out in Kiki's tone of voice, without any apparent cause, "I won't. I won't".

Only fragments of this experience remained in Peter's consciousness: the frightened words "I won't. I won't", and the idea struggling out of repression, "But Kiki really has a peepee".

The mother's account of the Kiki episode and Peter's obstinate insistence that, "Kiki really never had a hole", made the assumption probable that Kiki had offered him his first opportunity to see the female genitals, and that he had made a connection between her lack of a penis and her screaming by assuming that his mother had castrated her while she was sitting on the pot, and that this was why she had screamed so loudly. Peter had evidently repressed the whole experience. He could tell nothing more about Kiki, but now that it was pushing up into consciousness in the process of analysis (which had already somewhat lessened his anxiety), and now that he remembered his old idea that his mother had castrated Kiki, he helped himself out of the situation by undoing the assumed castration by his mother, by simply denying it. He said, in effect, "Kiki really didn't have a hole." To sit on the pottie must have seemed a dangerous business to Peter after the Kiki episode. This idea of danger from the pot received reinforcement on the occasion when he sat on the pot and felt a pain in his genitals.

I now tried to provoke the child's recollection of the Kiki episode by giving the name of Kiki to a little celluloid doll in which we had made a hole between the legs to show that she was a girl. I then set this doll on a little pot. The experiment worked surprisingly well. Peter demanded excitedly

that I make a paper penis for Kiki, as we had done for the celluloid dolls that were meant to be boys, and he reiterated his wish with obstinate insistence, "Kiki must have a peepee". I yielded, and set Kiki with her penis on the pot. Peter cried out in excitement, "Kiki won't. She says, 'I won't, I won't make ah-ah'."

"Why won't you, Kiki?"

"Because Kiki has a peepee and she wants to kill Mummy with her ah-ah."

Thereupon Peter took away her paper penis and said with great emotion, "So, now she has a hole because she made ah-ah."

Peter had actually understood the Kiki episode as we assumed, and he remembered it although it had happened eighteen months before and although it was more than a year since he had seen Kiki. Peter could not have shown us more clearly that at that time he had assumed castration to be the result of a bad wish. Kiki was castrated because she wanted to kill Mummy with her "ah-ah". He could not explain his idea that Mummy could be killed by "ah-ah". When asked about it, he protected himself with obvious resistance and denied that he had thought it possible. One got the impression that these words had pushed up with great affect from the depth of his unconscious and that his conscious ego instantly repudiated them. Later in the analysis it became clear that certain experiences with his mother had led him to fantasy that his stool had power to kill.

The explanation to him that Kiki's screaming had to do with urinating and not with making stool, and that she was jealous of his penis, gave Peter great satisfaction and he laughed with relief.

I thought now that the essential problem had been solved. As a matter of fact there was a slight improvement in Peter's condition. Several times directly after the hour, he let his trousers be unbuttoned and let himself be placed on the toilet seat, but in general the symptom persisted.

After this hour the explanations took a new direction. Peter

pushed the explanation of anal factors into the foreground. He oriented himself thoroughly with regard to the process of digestion, and with regard to the appearance and function of the stomach and intestines. He questioned both his parents and me, and we all had the impression that the process of digestion offered Peter a problem more difficult of solution than that of reproduction. Only after he had some comprehension of these functions did he progress to a third phase of enlightenment about the process of birth. Here the most important question was whether or not it was very painful for the mother. His play and associations in this period made it apparent that for him the birth of a child implied castration of the mother. We often meet with this idea in children, and often find it retained in the unconscious of adult patients.

The manner in which Peter explored the topic of birth made it seem probable that he was working not merely with speculations and acquired fantasies, but that he had had some sort of experience which had made him feel that delivery was dangerous. If his mother's confinement with the twins had not taken place in a hospital, this would have been easier to understand. If Peter's retention of fæces had not started before the birth of the twins, we might have assumed that his anxiety about defæcation was connected with the fear that if he strained at stool he would have pain and babies would come out of him. In the thirtieth hour, as reported below, Peter brought to light the actual events which had given rise to his anxiety about a mother in childbirth.

In the preceding hours Peter had brought very important material, which can be reported only briefly in order not to complicate the presentation. Most noteworthy were his fantasies of guilt in relation to wounds he saw on his mother. The most important historical information was his recollection of a breast bandage which his mother had worn for an infected nipple six months earlier. One morning when Peter was in bed with his mother he had played with a pocket knife, which he had taken out of her bureau, and she had taken it away from him with the remark that it was dangerous. The next

morning he saw blood on the bandage, and this blood and his play with the knife, which the mother had considered dangerous, were brought into association. That this was possible because of his aggressive fantasies directed against the mother's breast, became clear in a later phase of the analysis.

Thirtieth Treatment Hour.

Peter was busy building with blocks when I arrived, and he continued without interruption. Suddenly, without any warning he said, "Once when I was little I said, 'tummy', to Mummy's breast". Then, immediately following, "Once there was a Miss Hart who said, 'For shame on you'." Since he could not explain who Miss Hart was, and why and when she had said, "Shame on you", we went together and asked the mother. She explained that that was the name of the nurse who was in the house after the confinement.

When Peter and I were alone again he said, "Mummy had something stuck into her behind—a spray". He knew where his mother kept a glass syringe-nozzle and brought it to me saying, "That's what she stuck into Mummy." The mother was astonished to learn later that the child could have seen this, but thought it possible that he had run into the room unnoticed. I said, "You saw that?" Peter led me to the closet, got me to take out the bedpan, and said, "And there was blood from Mummy in it and Mummy's ah-ah, too. Why was the blood there?" I explained that after a birth some blood must come out but that there was nothing bad about it. Peter begged me to ask his mother if he might play with the irrigator. He filled it with water, squirted the water out again, and several times repeated my words: "One can squirt water in there and it isn't bad at all". Through carelessness he broke the nozzle, was horrified, but felt better when his mother assured him that it was all right, and that she could buy a new one.

We can now understand why Peter's condition was so much worse after the birth of the twins. He had the idea that the nurse had injured his mother with the syringe. Then when

he saw the bedpan with the mother's faeces carried out, it was as if pain and blood and faeces and bedpan and the new-born babies (who, he thought, were pressed out of the abdomen with faeces) were all woven together into a blurred something which he could not straighten out for himself, and only by forgetting could he protect himself against these fearful impressions. All that remained in consciousness of this experience at two and a half years, the Kiki experience at one and a half years, and his own experience on the pot at two, was the idea, "Terrible things can happen on the behind. I won't let anything come out of my behind. I'll hold everything back". Whenever, however, he held in his stool, he looked like the pregnant mother prior to the time when such terrible things had happened to her.

The thirtieth hour built a bridge to the first hour in which Peter had insisted on ignoring the bedpan. In considering why Peter did not immediately ask his parents for an explanation, one can only assume that for him the observation, "a tube stuck in and then blood in the bedpan", was associated with aggressive fantasies which he had entertained against his mother at two and a half and which had aroused in him an extreme feeling of guilt. The evidence for these fantasies was given in stories which Peter made up during the analytic hours. The hero of the stories was always a villain named Theodore. What bad things did Theodore do? Listen to what Peter said in these stories which I took down at his dictation: "There was once a naughty Theodore. He took a goldfish out of the water and threw it on the ground. He couldn't stand that fish. . . . Once Theodore took the fish away from his mother, and once I really wanted to pick the eyes out of a fish in an aquarium. Theodore was bad. He hit his mother when she had such a big tummy. She shouldn't have one."

So we understand that Peter had forbidden wishes which he could now admit in the analytic situation, where he was free from anxiety, by ascribing them to a "naughty Theodore", that is, to a part of his ego which was differentiated from his

own good ego. These wishes, shorn of their symbolic disguise, can be translated, "I want to take my mother's penis away from her; I want to take the children out of her big abdomen." Thus the nurse, who he supposed had actually done something bad to his mother, became the representative of his own bad impulses. He dared not ask questions about her for fear of betraying himself, he dared not even think about her lest the evil fantasies should gain the upper hand; he dared not touch the instruments of evil—the syringe-nozzle and the bedpan—lest they seduce him to evil fantasies. In some such fashion we can picture to ourselves Peter's mental conflict and its outcome: the repression of all his bad impulses, and his conversion into an absolutely docile child who avoided even the slightest aggression, who was fearful and over-sensitive to any kind of criticism. When my explanations and attitude had enabled Peter to become fearless enough to report his aggressive fantasies in the analytic hour, the bad experience, which had so intensified his fear of his own aggression, could also emerge from repression. (We learned from the mother that he had been over-anxious for about six months.) It also meant a great deal for the therapeutic process which was taking place within him that his mother was not angry when he broke the syringe-nozzle—an accident, a slip of the hand (*Fehlleistung*), in which he was living out his Theodore fantasies. It was as though the mother in her tolerance said to him: "In your fantasies and in the small crimes you commit, you are doing me no harm. I won't do anything to you because of them."

One may ask how it happened that the mother's love and friendliness failed to arouse in Peter any doubt as to whether she could really be cruel enough to castrate him, especially since he had never heard castration threats from her, as do so many children at home. How was it that Peter had not tried to find out from his mother, who always had time for him and answered all his questions, what she had done to Kiki at that time when he was one and a half years old? Was the Kiki experience of such overwhelming importance that it could not

be corrected through new experiences? Peter answered these questions in the course of his analysis with many recollections from the period between one and a half and two years, the meaning of which, translated into adult speech, was as follows: "I had the misfortune of having one experience after another with my mother which seemed to verify my ideas derived from the Kiki experience. In any event, these occurrences made a deep impression on me because I was already sensitized by the Kiki experience, which was too intense for my still undeveloped ego to assimilate and master." These occurrences which had to be recalled and worked over in detail, will be summarized here, although their communication extended throughout the whole analysis. The dates of these historical episodes could be definitely established by the parents.

Peter was seventeen months old when he was separated from his mother for the first time in his life. His mother had told us earlier how he reacted to this separation. During her absence he turned for affection to his father, a reaction of disappointment to his mother which he repeated again and again, most noticeably after the birth of the twins. After his mother's return he who had always been so obedient and coöperative became obstinate, no longer reported his needs, and lived out his anal autocracy by soiling his bed and his clothing. One of Peter's stories undoubtedly belongs to this period. "Once there was a dirty Theodore who smeared everything. His mother said, 'Shame on you, you naughty child'. But he smeared the pillow anyway."

Peter was eighteen months old at the time of Kiki's visit when the exciting experience of her screaming on the pot introduced fear into his good relationship to his mother.

He was nineteen months old when he and his mother went to the seashore, and Kiki and her mother came to the same resort. Peter saw her often, sometimes naked, sometimes dressed. When naked, it was evident that she had no penis, but when she was dressed she looked like a boy since she wore only boys' clothes, and her hair was cut like a boy's. (Peter

did not recall this important detail until the end of the analysis and the mother then confirmed the fact that Kiki had looked exactly like a boy.)

Peter stayed two months at the seashore, but Kiki's appearance kept bothering him. He developed a digestive disturbance. We cannot say whether his psychic condition had any part in this, but we should bear in mind that his chief symptom, diarrhoea, is a well-known equivalent for anxiety, and represents an excessive giving of something, in direct contrast to Kiki's unwillingness to give. We must keep also in mind that an organic illness increases the narcissistic interest in an affected organ. The illness of this child, not yet twenty-one months old, may well have increased his interest in his stool.

Peter made three communications belonging to this period:

1. "Mummy said, 'Naughty, naughty' when I soiled myself."
2. "Mummy said, 'Shame on you', once in the woods when a boy wanted to put his 'ah-ah' in his mouth."
3. "Mummy whipped the boy because he soiled his bed."

At first the mother remembered nothing about the second and third accusations, but with the father's help she later recalled that they were true to fact. She really had whipped him twice in desperation over his continued lack of cleanliness after the diarrhoea. It must have made a dreadful impression on the child, for on the following day when the father came home for the week-end he found the child trembling in bed, repeating over and over, "Mummy, don't whip, don't whip". The father remembered, too, that once on a walk through the woods the child had wanted to put his hand into a pile of excrement and that he was frightened and had cried when his mother called out, "Shame!" The child's fear had seemed so great that the father had reproached the mother for the severity of her tone.

We can now understand how Peter's confidence in his mother was shaken. He thought, "She takes the peepee away from children if they make ah-ah (look at Kiki), and she whips children if they make ah-ah; therefore, I won't make ah-ah any more; otherwise she'll be angry and take my peepee away".

There was still another experience in this period that gave special significance to these events. There was a billy-goat next door at the seashore which amused Peter greatly. He often went to look at it and would go right up to it, whereupon his mother would pull him back saying that the goat might butt him. Now it so happened that before this, at the time of his occasional temper tantrums, his mother used to say to him: "Be a good Peter again; send the goat away". (In Germany one says of obstinate children that they have a "goat".) So (reconstructing his thought) his mother was afraid of the butting goat; she had also been afraid when he wanted to pick up excrement in the woods; she was angry when he soiled himself. She knew that he had a little goat inside of him and she was afraid both of the big goat and of the little one he could press out of himself as "ah-ah". The goat pushed, and "ah-ah" in his body pushed too. When Mummy was afraid, she was angry, and whipped. This made him afraid and so he pulled back his dangerous stool just as the mother had pulled him back from the dangerous goat. Peter was not able, however, to put this train of thought into clear words. If he had been able to, he would probably have told his parents about it and they could have reassured him.

Even in the analysis, he was at first unable to talk about this experience; he represented it in a dramatic game in which he was the billy-goat and butted me, his mother, whereby I was supposed to be very much afraid. Then I was given a double rôle to play, now his mother and now the billy-goat, while he was *little* Peter and I had to pull him back from the goat, exclaiming excitedly: "If you keep on he really will butt you".

Peter played this game, which was a condensed portrayal of a distant undigested experience and a forbidden fantasy of butting his mother, for several days without paying any attention to my question as to where and when he had made the acquaintance of the goat. After several hours of playing with him at his command I showed him my dissent with his play by explaining that neither his mother nor I would think of having such exaggerated fear of butting and even less of a

little boy's shoving. If he wanted to push us, we would push back, but it would only be play. Directly after that Peter began to recall the incident in words and the mother confirmed his recollections about the goat and her fears. In the next hour Peter tried me out: he butted his head against my abdomen. When I no longer pretended to be afraid as before, but pushed him back and tussled with him, he laughed. In this way Peter learned to progress from gentle, hardly perceptible attacks, to more vigorous ones which gave him great pleasure. It seemed to me that this training to the kind of aggressions that are acceptable to the outer world was not without influence in the final outcome of this analysis, which led not only to the loss of Peter's symptom but also to a marked and permanent change in his whole being. The great part the parents played in this achievement must again be emphasized. They accepted the child's "naughtiness" and increasing aggressiveness with complete understanding. The father too learned to have fights with his manly young son.

After I had interpreted to Peter the connection between his stool retention and his fantasies built around the goat episode, his fear during the process of defecation entirely disappeared. He no longer ran away from his stool nor looked anxious and fearful while passing it, but managed even to look at it, for it had lost the fantastic rôle of a living enemy laden with danger. The retention, however, continued except for occasional days; this occasional improvement could never be clearly understood in relation to the analysis.

Before we go on to that chapter of the analysis which cleared up the doubts and fears which still remained to prevent Peter from giving up this symptom, let us review critically the analytic technique set forth in this example. The literal explanation of this "butting" game may sound naïve because it seems to neglect the deeper meaning of the butting (just as I refrained from revealing the deeper unconscious meaning of the broken syringe-nozzle in my interpretation to the child). This, however, was intentional, because on the basis of my experience with small children I believe that the guilt feelings

attached to the usual, more or less permitted, everyday aggressions such as kicking, breaking, hitting, soiling, and spitting, must be alleviated before the child can deal advantageously with the guilt arising from the œdipus situation. Others may proceed otherwise and find that with the dissolution of the œdipus feelings of guilt, which may be attacked immediately, the courage for sanctioned aggressions grows up of itself. (Such aggressions are essential for the development of the courage necessary for life.) I prefer a procedure such as the one presented above for two reasons: the amount or quantity of anxiety and resistance which the analytical process arouses is distributed in smaller doses and is, therefore, easier for both child and analyst to master; the child's ego has a bigger share in the process of the change and thus fortifies itself gradually for the complicated conflict between his id and his superego (his instinctual demands and his conscience). In our case, the interpretation of the pushing or butting, in its literal as well as its symbolic meaning in relation to anal processes, was of special importance because Peter was at the time in the anal-sadistic phase of his development. At the time of the goat episode, Peter was naturally most interested in actual butting and being butted, also in the sudden evacuation ("pushing out") of his stool when he had diarrhœa, and then in the passing of his stool when and where it pleased him, in order to defy his mother who, after the Kiki episode, was looked upon by him as a hostile person; and finally in the inhibition of the evacuation of a dangerous something which he thought the mother feared and would punish. But to the three-year-old boy who related these things, the butting had acquired a new significance, that of the genital attack upon the mother. We dealt with this only toward the end of the analysis when Peter had already been enlightened about the preceding anal phase, and now gave clear expression to his genital wishes toward his mother. He was able to do this calmly and intelligently because his ego was already strong enough to appreciate why a child cannot have sexual intercourse, and why a boy can never possess his mother.

Preceding the fiftieth analytical hour, which brought Peter to the point of ridding himself of his symptom, there was a period of games and fantasies in which the mother appeared as a biting sheep. In conjunction with this, his own repressed oral aggressions against the mother became clear; it developed that the mother's offer of milk from her breast had not diminished his milk envy, but had perhaps even seduced him to wishes so aggressive that he could ward them off only with the help of repression. In a story which seems worthy of being quoted word for word, Peter set forth his castration fears in close juxtaposition to his oral aggressions:

"There was once upon a time a Theodore, a gedorrter." (This is a coined word and the author's footnote explains that in this period when his analysis had begun to deprive him of his psychic play with faeces he coined such words frequently.) "He thought his peepee would fall off. He was so stupid. Then he thought, if the peepee falls off then ah-ah will come out with it. He always wanted to drink all of the milk in his Mummy's tummy. He took the little brothers away and then he drank. Then she brought the brothers back again. Then he took the brothers away again and drank up everything—every bit."

Following the analysis of his oral aggressions he began to feel more confidence in his mother and he occasionally allowed her to be present during the hour. This measure was possible with such an unneurotic, understanding mother, and it recommended itself because the treatment for external reasons could not be of long duration.¹

Fiftieth Treatment Hour.

In this hour, which I will report in detail, Peter wanted me to accompany him to the bathroom to show me that he could have a bowel movement without being afraid. Then he wanted me to bathe him and put him to bed. Nothing

¹ If Peter did not wish his mother to be present, his wishes were of course respected. She was never present when he expressed hostile tendencies toward her.

special was said during this time, and when he was in bed I read to him at his request, in the presence of his mother. It was a poem from Richard Dehmel in which a child goes to a store to buy some sunshine. I explained to the mother that Peter had already learned that it was not really true but only make-believe. I said something like this, "Peter already knows that one can often make up something which isn't true, some silly idea or a joke." Whereupon Peter turned to his mother with a facial expression of sudden inspiration and said: "Mummy, *why* was there a pipe on the pottie (bedpan) when you were sick?"

Mother: "So that one could take hold of it better. That's the handle just like the handle on your pottie."

Peter, whose facial expression betrayed his great effort to think: "But what is the pipe on your pottie *for*?"

Mother: "So that one can empty ah-ah more easily through the pipe."

Peter: "But what is the pipe *for*?"

The mother explained again in very simple terms that the pipe was a practical way to empty the bedpan.

Peter kept repeating the question as though all this explanation had not touched him, "But Mummy, tell me, what is the pipe *for*?"

I brought out the bedpan so that we could demonstrate more clearly what he wanted to know.

Peter, still unsatisfied, took hold of the pan, and said, "Mummy, did you sit on it?"

Mother: "Yes, I was so weak I wasn't allowed to get out of bed."

Peter: "Mummy, I want to sit on it." He threw off the bedclothes, explained that he might fall in, laid a little cushion on the bedpan, sat down on it and seemed to be thinking hard. Then he opened his pyjamas, pushed the cushion away, held his penis with obvious fear to the entrance of the pipe. One could see by his behavior that he wanted to put it in and did not dare. He repeated to himself thoughtfully, "What's the pipe *for*?" His gestures suddenly made it clear to me what

he meant by this question. I said, "Oh, you are thinking that Mummy had a peepee like yours and that she put it in the hole and it stayed there. Maybe you think the blood came out of Mummy's peepee?"

Peter, much relieved: "Yes, that's *just* what I thought."

The completely altered relieved expression of the child's face convinced the mother and me that at last he had found the solution to the question which had bothered him so long. He burst into a laugh of relief: "Now I've made up a good story. Mummy's peepee can't break off; Mummy never had one. She was born without one. Ladies don't have peepees." This last as though he had for the first time given credence to the fact.

The freeing effect of the interpretation showed itself in the following hour when Peter played fearlessly with the bedpan, set dolls and animals on it, poured water out of the pipe, and remarked, as if in astonishment over his earlier foolishness, "How dumb I was to think peepees could break off".

The next morning Peter demanded to be taken into bed with his mother, a thing which he had anxiously avoided since the time of her breast infection. His change from an anxious being into a free, active child became more and more striking and in a few days the stool retention had disappeared. He was proud to go to the toilet every morning "after breakfast like a big man".

It seemed that Peter had to be perfectly clear that his mother was not castrated before he could trust her. It was as if he thought, "If nobody has harmed her, if nobody can do anything bad to her, then she won't do anything bad to me."

Not until this fiftieth hour was it clear what Peter had really wanted to say but could not, when in the first hour he brought out all the objects in the closet and asked what they were for. The bedpan was the only one he had omitted. The solution of the difficulty seemed well rounded off in the fifty-second hour, when Peter returned to the experience with the very small pot which he had acted out in the fourth hour. On the same day that he had climbed into his mother's bed, he woke

after his noontime nap, called his mother to him, and horrified, showed her his erect penis. The mother reassured him and told him that it would get soft again by itself. In the following hour, the fifty-second, Peter told me of this experience on the preceding day, and as if he wished to analyze his fear of the erect penis himself, he related the episode with which we are already acquainted, but this time very clearly:

"Once on the pottie my penis got stiff while I was making ah-ah. That hurt because the pottie pressed on my peepee. Then I thought my peepee was broken off because my pottie was too little."

The next phase of the analysis, which was much less dramatic, shows how it was that on the very day that Peter climbed into his mother's bed he got an erection, felt frightened by it and made his mother, heretofore so feared, his confidante and, as it were, his confessor to whom he could unburden himself. After he had entirely lost his fear of his mother he began to show clearly, signs of the œdipus complex, and only now that his early infantile anal phase had been straightened out did he make a bold advance into the genital phase.¹ It was very interesting that he now developed a tendency to retain his urine as long as possible and to practise not emptying his bladder entirely. He said, "I hold back some of my water." This lasted several days, but disappeared when the analysis brought to light his œdipus wishes and the anxiety associated with them. The penis which now began to take the place of the intestine as the chief center of sexual excitement and

¹ Naturally he had already experienced genital sensations as is shown by his erection on the pot when he was two years old. It seems probable, too, that he was occupied with fantasies in which the penis played a part in the exciting period between the Kiki episode (eighteen months) and the birth of the brothers (thirty months). But genital excitement fantasies at this age were interwoven with pregenital oral, anal, and sadistic impulses with which his everyday life was filled. Thus occurs the phenomenon that genital anxiety, resulting from a traumatic experience prior to attainment of genital primacy, gives rise to a symptom involving the anal and not the genital sphere. Here, as in other points, the case is similar to that of a two-year-old child, reported by Berta Bornstein. (*The Phobia of a Two and a Half Year Old Child*. Int. Zschr. f. Psa. XVII, 1931.)

aggressive wishes, fell victim to the same compromise, in a situation of conflict, as the intestine formerly had, that of holding back, but experiencing pleasure thereby: the pleasure of retention.

In this short period it was impossible to get a clear idea of the child's masturbatory activity. When the analysis began, Peter often played with his penis before he went to sleep, and also at other times, apparently without any feeling of guilt or any great feeling of pleasure. On the other hand, he evidently had orgasmic sensations in connection with his retention of stool. Even some months after the close of the analysis, when he was having a daily movement, he liked to wait at least a half an hour before going to the toilet. When his father asked him if he would not like to discuss the reason for this with me, he answered, "Oh, I just shake my ah-ah around a little in my behind." We do not know how he succeeded in renouncing this remnant of his retention. We can only assume that a further step in his genital development made possible the renunciation of the anal masturbation.

Peter's change in attitude toward his mother was accompanied by an interesting transformation in his relation to his father. When Peter was seventeen months old his parents had an experience with him which bespeaks a good prognosis for the building up of a normal well-developed œdipus complex. Peter was in bed with his mother one morning, when his father kissed her. Peter looked at him threateningly and gave him a resounding slap, with the words, "My Mummy". Shortly after this (we know the experiences which disturbed his affectionate attitude toward his mother at this time) we find no trace of such an aggressive attitude. On the contrary, he drew closer to his father, whom he allowed to dress him, to help him when he urinated, and to tell him stories. He got into bed with him and clearly preferred him to his mother. But we can now appreciate the extent to which the child had seduced his father to this motherly rôle, for after the child had changed from a state of anxiety to a normal boyish attitude, the father's attitude towards him changed, too. Father and son now boxed

together, quarreled, and showed jealousy towards one another. Peter had fantasies of building a house for himself and his mother, and another for his father. His father might come to visit them, but he must always call up before he came.

Epilogue

This treatment took place almost two years ago, and since then Peter has developed normally. He has good relations with other people, adults and children, shows good capacity for sublimation in all fields, is sensitive to all impressions, and struggles with a good will against the adversities and anxiety situations which no human being is spared. The anal traits of character, greed and pedantically exaggerated cleanliness, have disappeared. During this interval I have spent an hour or two with him every few months and have also given him analytic hours when he asked for them. While, shortly after the close of the treatment he would remark condescendingly, if I happened to be the topic of conversation, "Oh, Steff of the foolish ideas", as though they no longer concerned him, later, whenever he had experiences of a nature to disturb the equilibrium of any child, he expressed a wish to come and see me. He accepted me as an expert who could advise him in matters of the unconscious and child training. The questions that bothered him at such times could be settled in a few hours. Almost every time, the problem proved to be one which had not previously been given enough attention, or had not been sufficiently worked through in his analysis as a three-year-old, as for example, his wish to be not only a man but also a woman, in order to bear children like his mother.

Translated by JULIA DEMING

